

# Penn Fusion Soccer Academy

P.O.Box 86  
Westtown, PA 19395  
610-399-5277

Tryout Color: _____ No.: _____
<b>2011-2012 PENN FUSION TRYOUT REGISTRATION FORM</b>
<b>Age Group:</b>
<b>Boys</b> <input type="checkbox"/> <b>Girls</b> <input type="checkbox"/>

## PLAYER INFORMATION

Name:	Date of Birth:     /     /
Address:	City:
State:	Zip:
School:	Grade (Fall of 2011):
Township:	
Parent(s) Name(s):	
Home Phone:	Email:
Parent's Cell Phone:	Email (2):
Medical Condition(s):	
Special Comment(s):	

## SOCCER EXPERIENCE

Travel Player in 2010-2011:     Yes     No    2010-2011 Club/Team: \_\_\_\_\_

<i>Years Played in Recreation:</i>	Club(s):	Years:	to
Travel:	Club(s):	Years:	to
ODP/Select:	Organization(s):	Years:	to
School:	School Name:	Years:	to
Add'tl Training:	Organization(s):	Years:	to

Primary Position: (check one)     Forward     Midfielder     Defender     Goalkeeper

### Tryout Fee: \$10 (Cash Only)

Each player will receive a t-shirt with number at the tryout registration.

RELEASE STATEMENT: I, the parent/guardian of the registrant, a minor or adult registrant of legal age, agree that I and the registrant will abide by the rules of the PENN FUSION SOCCER ACADEMY (PFSA), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for PFSA accepting the registrant for its soccer programs and activities (the Programs) I hereby release, discharge and/or otherwise indemnify PFSA, its affiliated organizations and sponsors, their employees and associated personnel including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I here authorize.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Tryout Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received:     /     /
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