



Penn Fusion Soccer Academy

TEAM TRYOUT REGISTRATION 2009/2010 Season

COLOR: _____

No: _____

Age Group: _____

Boys Div. _____

Girls Div. _____

Thank you for your interest in the Penn Fusion Soccer Academy. The Penn Fusion staff wishes you the best of luck during the tryout process. If at anytime you have questions, please do not hesitate to contact the Penn Fusion Directors of Coaching: Sean McCafferty (smccafferty@pennfusion.org) or Lee Martin (lmartin@pennfusion.org). You can also leave a message at 610-399-5277, ext. 8 and a staff member will get back to you.

SECTION 1: PLAYER & FAMILY INFORMATION

Name: _____ Date of Birth: _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____ Grade (Fall 2009): _____ Township: _____

Parents' Names: _____

Home Phone: _____ Player's Cell No.: _____

Parent (1) Cell. No.: _____ Parent (2) Cell No.: _____

Player's Email Address: _____

Parent (1) Email Address: _____

Parent (2) Email Address: _____

Medical Condition(s): _____

Special Comment(s): _____

SECTION 2: RELEASE STATEMENT & SIGNATURE

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 (Penn Fusion), its parent organizations, affiliates, and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Penn Fusion accepting the registrant for its soccer programs and activities (Programs) I hereby release, discharge and/or otherwise indemnify Penn Fusion, its parent organizations, affiliated, 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: _____

Date Received: _____

PO Box 86, Westtown, PA 19395

Phone: 610-399-5277, ext. 8

Fax: 610-399-5260

Web Site: www.pennfusion.org