

PLEASE PRINT CLEARLY!!!

Tryout Number: _____

Indiana United USSF Men's Academy - Player Information

Player's Name: _____

Player's Mailing Address: _____

Player's Home Phone: _____ Player's Cell Phone: _____

Player's Email Address: _____

Player's Birth Date (month/day/year): _____

Father's Name: _____

Mailing Address (if different from above): _____

Father's Cell: _____

Father's Email Address: _____

Mother's Name: _____

Mailing Address (if different from above): _____

Mother's Cell: _____

Mother's Email Address: _____

Previous Team Name: _____

High School: _____ Graduation Year: _____

Cleat Size: _____ T-Shirt Size (circle one): AS / AM / AL / AXL

Jersey Number Request (not guaranteed): 1st: _____ 2nd: _____ 3rd: _____ 4th: _____ 5th: _____

Note: No two players on either of the U16 or U18 Academy teams will have the same jersey number.

Parent Consent and Release

I hereby give my consent for my child _____ to participate in and tryout for teams sponsored by the Indiana United Soccer Club (IUSC). IUSC and all personnel associated with the program shall not be held liable for any injury whatsoever my child may sustain in the activities thereof. I also certify that I know of no physical problems or health conditions of my child which would impair participation in the program. In the event my child is injured, I authorize the coach, assistant coach or his representative to secure first aid and/or services of any legally-qualified physician or hospital and agree to assume all financial obligations connected therewith.

Parent/Guardian Signature

Date

Will you be applying for Financial Assistance (not guaranteed, will be reviewed): YES -- NO