

# FC BRATZ SAN DIEGO

## REGISTRATION FORM FOR COMPETITIVE TEAM TRYOUTS

Player's Name: \_\_\_\_\_ Player Tryout # \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
E-Mail: \_\_\_\_\_@\_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Contact Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Contact Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

### SOCCER EXPERIENCE

Previous Club/Team: \_\_\_\_\_  
Position(s): \_\_\_\_\_  
Specific skills & strengths: \_\_\_\_\_  
\_\_\_\_\_  
Will you be trying out with other clubs? If so, which ones? \_\_\_\_\_  
\_\_\_\_\_  
Why do want to play with FC Bratz? \_\_\_\_\_  
\_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Medical Release & Consent:

I hereby release and indemnify F.C. Bratz Soccer Club, it's staff and agents and hold them harmless for all liability and responsibility for any claim, damage, or other action for registrant or registrant's representation arising directly or indirectly from participation in these soccer clinics. I give my consent for emergency medical care prescribed by a fully licensed doctor given under whatever conditions are necessary to preserve registrants well being.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_