

## LYA TRAVEL SOCCER TRYOUT REGISTRATION/RELEASE

PLAYER'S NAME: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_

Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Township: \_\_\_\_\_

School: \_\_\_\_\_

Player's Soccer Experience:

\_\_\_\_\_  
(Years/Leagues/Positions)

Interested in Playing Position(s): \_\_\_\_\_

Family Members Interested in Assisting/Helping: \_\_\_\_\_

I hereby release the Lionville Soccer Club and the Lionville Youth Association from any and all medical liability associated with this series of tryouts.

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