



**TRYOUT REGISTRATION FORM
2010-11 SEASON**

WOLFPACK BOYS TRAVEL TEAM
U15 8/1/1995 thru 7/31/1996

Player Info

Player's name: _____

Player's Date of Birth: _____ Age Today: _____

Address: _____

City: _____ State: _____ Zip: _____

Prior team experience:

Rec team prior to today's tryout. Name of league/team: _____

Position (s): _____

Travel team prior to today's tryout. Name of league/team: _____

Position (s): _____

Mother's Name: _____

E-Mail Address: _____

Home Phone: _____ Business: _____ Cell: _____

Father's Name: _____

E-Mail Address: _____

Home Phone: _____ Business: _____ Cell: _____

Does your child have any medical condition that would preclude or restrict participation in the program? (Circle one) NO YES (explain): _____

Parent or Guardian Authorization

I attest that all the information provided above, is to the best of my knowledge, true and accurate. I agree to abide by all the rules and regulations of the Old Dominion Soccer League (ODSL). I pledge to act in a sporting manner at all times and to support my player, coach, team and game officials. I understand that my child and I may be suspended from ODSL activities if I act in a violent, profane, or unruly manner during practice or games. In the event of an emergency, accident, or injury which occurs while this person is participating in a ODSL program or traveling to or from such a program, and I am not present, I hereby give permission for the adult representative of the ODSL to secure whatever medical and hospital care necessary, and agree to be financially responsible for such care and treatment. I further agree to hold the ODSL, and its representatives, organizers, and sponsors free from all personal liability in connection with any such emergency, accident or injury.

Signed: _____ Date: _____

Please allow at least one week from the last day of tryouts for the coaches of the Wolfpack Team to get in touch with you regarding your status to join the team for the 2010-11 season.