

**\*\*\* TRYOUTS \*\*\***

**\*\* SATURDAY \*\***

**\* JUNE 13th, 2009**

( bring this form to tryouts)

\* Birth Certificate Required \*



www.soccerclubofspringfield.org

TRYOUTS FOR TRAVELING TEAMS FALL  
2009 & SPRING 2010

**SATURDAY, JUNE 13, 2009**

DAYTON B (Rear of High School)

9:00 AM U14 (8/1/95-7/31/96)

U12 (8/1/97-7/31/98)

10:00 AM U11 (8/1/98-7/31/99)

U10 (8/1/99-7/31/00)

- New Teams Forming
- Separate Boys' & Girls' Teams
- Licensed & Trained Coaches
- Professional Trainers
- Affiliated with USYSA & NJYSA

# The Soccer Club of Springfield

P.O. Box 351

Springfield, NJ 07081

## Traveling Team Tryouts—U10 thru U14 Boys & Girls

### For the Fall 2009 & Spring 2010 Seasons

Teams require 2 NJYSA Licensed Coaches

Team formation subject to obtaining Coaches & sufficient number of Players in each age category

Traveling Team Club Fees are due upon team formation and are **NON-REFUNDABLE**  
\$275 per player & \$75 for Team Uniform (Uniform fee for new players only)

Name: \_\_\_\_\_ Birthdate\*: \_\_\_\_\_ S.S. # \_\_\_\_\_

(\*Required - Bring Copy of Birth Certificate to Try-outs)

Address: \_\_\_\_\_ NJYSA Player Pass # \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**Important**

I, the parent/guardian of the above-named player, a minor, agree that I and the player will abide by the rules and regulations of the Soccer Club of Springfield, Inc., the USYSA, and the NJYSA (the Soccer Parties), its affiliated organizations and its sponsors. In consideration of the player's participation in the soccer programs and activities of the Soccer Parties, I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the Soccer Parties, the owners and operators of the facilities used for the activities, and their respective directors, officers, employees, agents, and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs. I further grant to the Soccer Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the programs. My child has no medical conditions or restrictions that would be adversely affected by his/her participation in this program.

Parents'/Guardians' Names: \_\_\_\_\_ & \_\_\_\_\_ Email: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Call Me !! I want to guarantee that my child will play by volunteering to coach**  
**????? Questions - Contact Richie Citrin 973-902-2274 ?????**

*The Soccer Club of Springfield, Inc. is a Non-Profit Organization*