

*****TRYOUTS*****

****SATURDAY****

JUNE 13th, 2009

LAUREL FIELD

The Soccer Club of Springfield

P.O. Box 351, Springfield, NJ 07081

Traveling Team Tryouts - U8 & U9 Boys & Girls

U9 Boys 9-10am U8 Boys 10-11am U8 & U9 Girls 11am-12pm

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)



www.soccerclubofspringfield.org

AGE BRACKETS

FALL 2009 / SPRING 2010

AUG	2000
SEP	2000
OCT	2000
NOV	2000
DEC	2000
JAN	2001
FEB	2001
MAR	2001
APR	2001
MAY	2001
JUN	2001
JUL	2001

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AUG	2001
SEP	2001
OCT	2001
NOV	2001
DEC	2001
JAN	2002
FEB	2002
MAR	2002
APR	2002
MAY	2002
JUN	2002
JUL	2002

**U
8**

PLEASE ARRIVE 15 MIN. EARLY FOR CHECK IN

**COME READY TO PLAY WITH:
SHIN GUARDS, CLEATS, AND WATER BOTTLE**

Name: _____ Birthdate*: _____ S.S.# _____

(* Required - bring copy of birth certificate to tryouts)

Address: _____ NJYSA Player Pass # _____

City: _____ Phone #: _____

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: _____

PLEASE CALL ME ! I'M INTERESTED IN COACHING

????? QUESTIONS - CONTACT JOE FORYS (908) 447-8352 ?????

OR

VISIT OUR WEBSITE: www.soccerclubofspringfield.org

**NEW TEAMS FORMING • LICENSED & TRAINED COACHES
PROFESSIONAL TRAINERS • AFFILIATION WITH USYSA & NJYSA**

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