



www. siusoccer.com

SIU SELECT PLAYER INFORMATION FORM FALL 2010/SPRING 2011

All players are selected through the tryout process.

Tryout # _____

INFORMATION ABOUT THE PLAYER											
Last Name			First Name			Middle Initial			Gender (circle)		
									M	F	
Date of Birth (mm/dd/yyyy) / /		Jersey Number Request (new <u>select</u> players only)		Age Division (see information sheet) U-							
School Name and Grade Attending in Fall 2010				E-mail address			Cell Phone				
Jersey Size (circle one):		Youth S	Youth M	Youth L	Adult S	Adult M	Adult L	Adult XL	Sock Size (circle one):		
Short Size (circle one):		Youth S	Youth M	Youth L	Adult S	Adult M	Adult L	Adult XL	S	M	L
Have you played for SIU before?		Yes	No	Last Season Played:				State of Residence			
Other select clubs you have played for and when:											
Street Address (player's primary address)								Home Phone			
City, State, Zip								Player Cell Phone			
INFORMATION ABOUT THE PARENTS											
Mother's name and address (if different from above)								Mother cell phone & email			
Father's name and address (if different from above)								Father cell phone & email			
EMERGENCY CONTACTS and MEDICAL INFORMATION											
Emergency Contact			Relationship				Phone				
Doctor's Name			Phone			Medical Conditions:					
CONSENT AND WAIVER											
<p>I recognize and understand that soccer is a sport involving risks not encountered in every day play. With this understanding, and in consideration of Southern Indiana United Soccer Club (SIU) permitting my child to participate in the youth soccer program, I covenant and agree to indemnify, hold harmless, and release and forever discharge SIU, its Board of Directors, coaches, referees and other volunteers as are connected with SIU in any capacity, for any and all damages, losses, claims and/or liability arising out of any and all injury to or caused by my child. With the knowledge and understanding of the foregoing, this is to certify that my child has my permission to play soccer in the SIU program. Further, I hereby authorize any and all emergency medical treatment deemed necessary by any physician, nurse or other emergency medical personnel. A copy of this authorization shall be as effective as the original.</p>											
Signature of Parent or Guardian								Date			