



Vardar Soccer Club
Player Tryout Registration 2009
www.vardarmissouri.org

Tryout # _____
Age _____ U- _____
Boy _____ Girl _____
For manager use only

Offers for team placement will be made throughout the selection process.
We recommend that a parent remain at the field during the tryout.

Player's Name _____		Date of Birth (mm/dd/yy) _____		
Street Address _____				
City _____	State _____	Zip Code _____		
Home Phone # _____	Cell Phone # _____			
Player's E-Mail _____				
Grade in School (fall) _____	School Attending _____			
Circle each position you play:	Forward	Midfielder	Defender	Goalkeeper

On what team/age group did you play last year? _____ Age _____
Check the league(s) you played in last year. Rec League [] MYSL [] MSPSP []
MRL - National League [] Academy []

How did you hear about the Vardar Tryouts? Flyer [] Michigan Soccer []
Word of Mouth [] Local News [] Website [] Other [] _____

Parent/Guardian Information	
Father's Name _____	Mother's Name _____
Father's Cell Phone # _____	Mother's Cell Phone # _____
Home Phone # _____	Home Phone # _____
E-mail Address _____	E-mail Address _____

I, the parent/guardian of the registrant, understand that participation in this soccer tryout constitutes a risk of serious injury, therefore, I voluntarily and knowingly recognize, accept, and assume this risk and release the Vardar Soccer Club, its affiliates, employees, volunteers, sponsors, and officials, from any liability.

PARENT/GUARDIAN SIGNATURE **DATE**