



**Vardar Soccer Club**  
**Player Tryout Registration 2009**  
www.vardarsouth.com

Tryout # _____ Age _____ U- _____ Boy _____ Girl _____ For manager use only
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**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 [ ] \_\_\_\_\_

<b>Parent/Guardian Information</b>	
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**