



Sereno Soccer Club  
10801 N. 32<sup>nd</sup> St.  
Phoenix, AZ 85028

Player T Shirt # \_\_\_\_\_

**Player Profile**  
**Sereno Soccer Club - Try-outs 2012**

**Player's Name:** \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Player's Date of Birth:** \_\_\_\_\_ Gender: \_\_\_\_\_ Playing Experience: (years) \_\_\_\_\_

Usual Position Played: \_\_\_\_\_

Last team to play for: \_\_\_\_\_ Club Name: \_\_\_\_\_

Season last played: \_\_\_\_\_ Coach's Name: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**Email\*:** \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical or other comments:  
\_\_\_\_\_

**Will you be applying for Financial Aid?**     \_\_\_Yes \_\_\_No

\* Email address will be used to send club information and news

**\*Players attending from other clubs before May 1 must have their club's permission to participate.**

**In order to participate in the developmental clinics/tryouts all players must pay a \$20 administration fee**

This fee entitles the player to attend all clinics/tryouts and includes the pre-numbered t-shirt that will be issued at the first session the player attends. The player will receive one shirt which will be required to be worn at each session attended.

**Parent/Guardian Consent Form:**

I do hereby expressly and specifically assume all of the risks which attend the game of soccer and any other sports or related activities, including but not limited to physical contact and physical injuries. I agree to indemnify and hold harmless the Sereno Soccer Club, its officials, coaches, and members including but not limited to any adjoining facilities from any and all claims, suits, or proceedings arising allegedly or in reality out of the acts or omission and participation of the undersigned in any related activity. I also agree to all rules and regulations of the Sereno Soccer Club.

**Consent for Medical Treatment (minor):**

As the parent or legal guardian of the above player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of this minor, named above.

Printed Name: \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**CLUB USE ONLY:**

**Sessions attended:** \_\_\_/\_\_\_/\_\_\_ **Team Selected to:** \_\_\_\_\_

**Coach:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_