



www.southbayforce.net

2009/2010 Tryout Application

Our mission is to be the premier soccer club in the South Bay by providing the highest quality coaching to committed athletes. We provide a structured training environment geared to develop team success as well as individual player growth. We strive to achieve maximum bracketing potential to create opportunities for our players beyond club soccer.

Coast Soccer League Age Divisions:

Age divisions are comprised of players who are, before the first day of August of that seasonal year Under 9 through Under 19.

Division	Birthdate	Division	Birthdate
U8	Aug 1, 2001 to July 30, 2002	U14	Aug 1, 1995 to July 30, 1996
U9	Aug 1, 2000 to July 30, 2001	U15	Aug 1, 1994 to July 30, 1995
U10	Aug 1, 1999 to July 30, 2000	U16	Aug 1, 1993 to July 30, 1994
U11	Aug 1, 1998 to July 30, 1999	U17	Aug 1, 1992 to July 30, 1993
U12	Aug 1, 1997 to July 30, 1998	U18	Aug 1, 1991 to July 30, 1992
U13	Aug 1, 1996 to July 30, 1997	U19	Aug 1, 1990 to July 30, 1991

Tryout Number _____
(to be completed by SBF Staff)

Player Information:

Player Name _____ DOB _____ Age _____

Division _____ Preferred Position(s) _____

Address _____ City/Zip _____

Soccer Experience (in years): Club _____ AYSO _____

Current Club Team and Bracket _____

Parent Information:

Parent/Guardian(s) Name _____

Home Phone _____ Cell Phone _____

Email Address _____

South Bay Force Tryout Information and Release

I hereby give my permission for the above player to participate in the South Bay Force tryouts for the 2009/2010 season. I understand that as a condition of admittance as a participant, I the undersigned, release South Bay Force, its officials and members from any liability for any injury or illness, mental or physical, due to the player's participation during or related to the South Bay Force tryouts. In the event of any accident or injury, I (we) the undersigned Parent(s)/Guardian(s) give my/(our) consent for emergency medical care prescribed by a duly licensed Doctor of Medicine and/or Doctor of Dentistry. I hereby grant authority to a qualified physician or dentist to render such medical treatment as said physician and/or dentist deems necessary under the circumstances and to preserve the life, limb or well being of my dependent.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (print) _____