

Mobile Soccer Club
P.O. Box 8363
Mobile, Alabama 36689

Registrar@MobileSoccerClub.org



Tryout # _____

Age Group _____

Boys _____ Girls _____

Tryout/Evaluation Player Registration Information

Name:		Date of Birth:	
Address:		Parents Name(s):	
City/State/Zip:		Best way to reach parents:	
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			
School you will be attending:			
Years of Soccer Experience:		Last season played:	
Last team you played on:		Position(s) played most:	
Age and Division you are most interested in trying out for: _____ (year) [] DI [] DII [] DIII [] DIV			

At what level do you plan to play soccer some day besides competitive club soccer? (Check all that apply)

State Select (ODP) _____ High School Varsity _____ College _____ National Team _____

What other sports do you participate in?	
Will soccer be your primary sport?	
What restrictions do you have concerning making practices or games?	
Are you aware commitment to a competitive team is for the fall and spring seasons? (**See Note Below)	
Does this create any issues?	
If you are not selected for a competitive team, would you be interested in a recreational team?	

COMPLETE AND EMAIL THIS FORM TO Registrar@MobileSoccerClub.org (preferred)
OR BRING IT WITH YOU TO YOUR FIRST TRYOUT SESSION

** Fall and Spring Commitment: **Yes, you may play High School Soccer.** The Mobile Soccer Club does not require you to skip high school soccer for club soccer. However, the Mobile Soccer Club may offer a Spring Program for those who elect not to play High School Soccer.
Please attach a copy of your birth certificate and a copy of your insurance card (front & back).

**This form is in not a commitment to play on a Mobile Soccer Club competitive soccer team. It is for informational purposes only.
An official AYSA commitment form will be made available to any player offered a position on a competitive team.**

Recognizing the possibility of physical injury associated with soccer and in consideration for the Mobile Soccer Club, Inc. and their affiliates accepting the registrant for its tryouts, I hereby release, discharge and/or otherwise indemnify the aforesaid Mobile Soccer Club and their affiliated organizations, sponsors, their employees and associated personnel against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I understand that medical insurance is not the responsibility of the Mobile Soccer Club and that primary insurance coverage is my responsibility. My son/daughter is physically capable of participating in the program for which I am registering them. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my child with medical assistance and/or treatment. I authorize and execute my consent for any and all medical and hospital care and treatment, including major surgery, deemed necessary by a duly licensed physician selected by my Attorney(s)-in-Fact for the health and well-being of my above named child and I agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Parent's Signature: _____

Date: _____