



Travel Soccer Tryout Form

Last Name: _____

First Name: _____

Date of Birth: Year _____ Month _____ Day _____

Home Address: _____

City: _____ Postal Code: _____

Email Address: _____

Home Phone: _____

What age/division/team is the player trying out for? _____

Has the player played travel soccer previously? YES NO

If yes, what Club/Team? _____

Participant / Parent / Guardian Acknowledgement

All Participants/Parents/Guardians understand participation in any sport including tryouts for soccer has its associated risks. St. Catharines Club Roma Soccer, Sir Winston Churchill Secondary School and DSBN will not be held responsible for injuries sustained as a result of attending at Club Roma or Turf Field at 101 Glen Morris Drive, St. Catharines or other designated field / practice / game locations within Niagara and participating in tryouts including: injuries including but not limited to: on grass, uneven playing surfaces, injuries from colliding or being struck by other participants, injuries from falls, extreme weather or equipment.

Parent/Guardian Signature: _____

Today's Date: _____

ADMINISTRATION ONLY - Tryout Fee of \$25.00 Paid: YES NO
