



GALA FC SELECT SOCCER TRYOUT REGISTRATION 2019-2020 SEASON

TRYOUT GUIDELINES

- 1) Please bring water, cleats, shin guards and proper soccer attire.
- 2) Please arrive at least 30 minutes early.
- 3) Remember: NO team uniforms, or team apparel

OFFICE USE

Player Tryout Jersey # _____ Boys Girls

AGE/GROUP: _____

PLAYER NAME		BIRTHDATE	
STREET ADDRESS		EXPERIENCE (years)	REC _____ SELECT _____
CITY & ZIP		POSITION	
PARENT NAME		PHONE #	
PARENT NAME		ALTERNATE #	
EMAIL ADDRESS		EMAIL ADDRESS	

CONSENT FOR MEDICAL TREATMENT AND RELEASE OF LIABILITY

As parent/legal guardian, I certify that my child/ward is in good health and is able to participate in Gala FC Select tryouts. I authorize all first aid, medical, dental, surgical, diagnostic and hospital procedures as may become necessary for my child/ward while he/she is participating in Gala FC Select tryouts. In consideration of my child/ward being allowed to participate in such tryouts, I hereby for myself, my child/ward, and our heirs, executors, administrators, and personal representatives, discharge, waive, release, hold harmless, and indemnify Gala FC, its Board members, agents, employees, contractors, volunteers, affiliated organizations, member organizations and sponsors, including the owners of the fields and facilities utilized by the program from any and all liability that may arise from said participation, including but not limited to any injury occurring to my child/ward. I acknowledge that I am responsible for any and all medical expenses due to my child's/ward's injury or illness, and hereby assume all risk of injury or loss to which he/she may be exposed. In the event that the above release does not bind my child/ward, I also agree to indemnify and hold harmless Gala FC and to assume full responsibility for any and all medical or other expenses and costs incurred or suffered by my child/ward in connection with participation in Gala FC Select tryouts. I understand that no one is authorized by Gala FC to alter, modify, or waive any of the terms of this agreement in any way. I acknowledge I have read and fully understand this medical consent, release, and waiver.

EMERGENCY CONTACT NUMBER: _____ MEDICAL ALLERGIES: _____

NAME OF PARENT/LEGAL GUARDIAN (please print): _____

SIGNATURE: _____

2019-2020 Age Group Chart

Birthyear	Birthyear	Birthyear	Birthyear	Birthyear	Birthyear	Birthyear	Birthyear	Birthyear
2009	2008	2007	2006	2005	2004	2003	2002	2001
U11	U12	U13	U14	U15	U16	U17	U18	U19