

STARZ SOCCER CLUB

2014



TRYOUTS



Starz Soccer Club is holding club team tryouts for the 2014/2015 season (June 1, 2014 to May 31, 2015). All players interested in participating in our soccer program should plan to attend the age-appropriate dates indicated below. Starz S.C. combines top caliber coaching, elite trainers, and state-of-the-art training facilities (indoor and outdoor) to provide an ideal environment for soccer players to develop.

Age Group	Dates	Times
U8 Girls (8/1/2006 – 7/31/2007)	Wednesday, May 14 th Thursday, May 22 th	6:00pm – 7:30pm 6:00pm – 7:30pm
U10 Girls (8/1/2004 – 7/31/2005)	Sunday, May 18 th Monday, May 19 th	6:00pm – 7:30pm (indoor) 5:00pm – 6:30pm
U10 Boys (8/1/2004 – 7/31/2005)	Monday, May 19 th Wednesday, May 21 st	6:00pm – 7:30pm 6:00pm – 7:30pm
U11 Girls (8/1/2003 – 7/31/2004)	Sunday, May 18 th Monday, May 19 th	4:00pm – 5:30pm 6:30pm – 8:00pm
U11 Boys (8/1/2003 – 7/31/2004)	Tuesday, May 20 th Wednesday, May 21 st	6:00pm – 7:30pm 6:00pm – 7:30pm
U13 Girls (8/1/2001 – 7/31/2002)	Saturday, May 17 th Sunday, May 18 th	5:30pm – 7:30pm 5:30pm – 7:30pm

(Note: If your child's birth date falls within the period shown, that is the respective age group they qualify for; if chosen to do so, your child can play up in age.)

Starz Soccer Club

www.starzsoccerclub.com

Like us on Facebook:

[Facebook.com/StarzSoccerClub](https://www.facebook.com/StarzSoccerClub)

The Arena Club

2304 Churchville Road, Bel Air, MD 21015

(410) 734-7300

www.thearenaclub.com



Program Registration Form



NAME OF PROGRAM: _____

DAY(S) OF PROGRAM: _____ DATE(S) OF PROGRAM: _____

PARTICIPANT'S NAME: _____ MEMBER: Y N

AGE: _____ DOB: ____ / ____ / ____ GENDER: Male Female

PARENT NAME (if participant is under 18): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME #: _____ CELL #: _____

EMAIL: _____

EMERGENCY CONTACT: _____ CELL # _____

HEALTH INFORMATION: Please list any special needs, medical or behavioral conditions, or medications that we need to be aware of to ensure your child's safety (allergies, asthma, etc.)

RELEASE: I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. I understand that all images (photographic and video) taken can be used in future marketing.

Signature / Parent or Legal Guardian must sign if participant is under 18 _____
Date

PAYMENT INFORMATION:

TYPE OF PAYMENT: _____ CHECK _____ CASH _____ CREDIT CARD (Visa & MC accepted)

VISA / MC # _____ EXP: _____

AMOUNT PAID: _____ DATE PAID: _____

Staple Receipt Here
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