



## TFSC REGISTRATION FORM

Player Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone (optional): \_\_\_\_\_

Parents Names: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Age: \_\_\_\_\_

Gender (circle):    M     F

E-Mail Address: \_\_\_\_\_

**Medical conditions that the coaches should be aware of (if none, write "NONE"):**

\_\_\_\_\_

I certify that my child is in excellent health and may participate in the strenuous physical activities of this soccer tryout. I agree to release, discharge, and/or otherwise indemnify the Tinton Falls Soccer Club, its agents and coaches and any associated personnel, including the owners of fields and facilities utilized by the program against any claim by or on behalf of the registrant's participation in the program. As parent and/or guardian of the above named child. I hereby give my permission for him/her to tryout for the Tinton Falls Soccer Club.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

AGE GROUP	BORN BETWEEN
U7	8/1/2007 - 7/31/2008
U8	8/1/2006 - 7/31/2007
U9	8/1/2005 - 7/31/2006
U10	8/1/2004 - 7/31/2005
U11	8/1/2003 - 7/31/2004
U12	8/1/2002 - 7/31/2003

Please circle the age group trying out for:    U7    U8    U9    U10    U11    U12

Mail forms to TFSC 2014 Tryouts, 1041 Wayside Road, Tinton Falls 07712.

*Any questions, please contact Michele Chonko at 201-851-4715 or at [tfsctryouts2014@gmail.com](mailto:tfsctryouts2014@gmail.com).*