***WHAT TO BRING:*** *soccer ball, shin guards, shoes, water, and a great atttude!*

*No Team Jerseys allowed—pinnies will be provided and must be worn during all tryout sessions.*

# FC Salmon Creek
## Advanced Level Competition
## TRYOUT INFORMATION

**Registration/tryout fee is $15**

**Registration begins 30 min. prior to tryout time.**

| LEVEL | 1ST TRYOUT | TIME | LOCATION | 2ND TRYOUT | TIME | LOCATION |
|---|---|---|---|---|---|---|
| **Girls U18** | Saturday, May 10th | 10-11:30am | Felida Park | Monday, May 12th | 6-7:30pm | Felida Park |

***Bring a check along with this registration form.***
***Checks should be made out to FCSC.***
*tryout fee may be waived based upon financial need.

**Tryout Birth Date Range**

**U-18** August 1, 1990-July 31, 1991

# FC Salmon Creek
## Advanced Level Competition
## TRYOUT REGISTRATION

**For FCSC Use**

# _____

Player's last name _____ First name _____ M or F _____ Birth date (m/d/y) _____

Street Address _____ City _____ Zip _____

Phone _____ Cell phone _____ e-mail address _____

Team Trying Out For ( e.g. GU11, BU13) _____ Club and Team played for last fall _____

School/Grade in Fall _____ Medical Conditions _____

**Parent or Guardian Authorization or Waiver of Liability**

I, the parent or guardian of the above named player, hereby give my consent for this player to tryout for FC Salmon Creek Advanced Level Competition. I also agree to release, indemnify and hold harmless Columbia Youth Soccer Federation member clubs, their officials, coaches and representatives from any claim arising out of injury to the above named player, except insurance held by Columbia Youth Soccer Federation.

**Parent/Guardian Signature**_____ **Date** _____

**Consent for Medical Treatment**

As the parent or guardian of the above mentioned player, I give my consent for emergency medical treatment as prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

**Parent/Guardian Signature**_____ **Date** _____