



DEVELOPMENT PROGRAM TRYOUT APPLICATION FORM

PLEASE PRINT CLEARLY:

Family Name: _____ First Name: _____

Address: _____ Postal Code: _____

City/Town: _____ Phone #: _____

Club & Level last played for: _____

Position (optional): _____

Email Address: _____

Birth Date: Year _____ Month _____ Day _____

Gender (Circle one): Male Female

IMPORTANT

WAIVER TO PARTICIPATE IN A TRYOUT FOR THE EAST YORK SOCCER CLUB

There is a potential risk of injury in training and participation in any sport, and we have tried to make a safe and controlled environment for safe participation. The club has established rules for participation and proper conduct on or about the player area that must be followed. On signing to tryout with the East York Soccer Club, I agree to abide by the published rules of the Ontario Soccer Association, Scarborough Soccer Association and the East York Soccer Club.

Parent/Guardian Signature: _____ Date: _____

A Parent or Guardian must sign for players under the age of 18.

*****NOTE: EACH PLAYER MUST HAVE THIS FORM FILLED OUT BEFORE PARTICIPATION***
PLEASE SEND TO THEO ZAGAR AT TECHNICALDIRECTOR@EASTYORKSOCCER.COM**