

WAYNE SOCCER CLUB  
P.O. BOX 2217  
WAYNE, NEW JERSEY 07470  
www.waynesc.org

**2011 - 2012 SEASON TRYOUTS REGISTRATION**  
**SESSION ATTENDED (check one): April 30 \_\_\_ May 7 \_\_\_**

Name \_\_\_\_\_ M F Birth date \_\_\_\_\_

Address \_\_\_\_\_  
Street Town Zip

Home phone # \_\_\_\_\_ Parent's names \_\_\_\_\_

Mother's cell # \_\_\_\_\_ Mother's email address: \_\_\_\_\_

Father's cell # \_\_\_\_\_ Father's email address: \_\_\_\_\_

School attending 9/2011 \_\_\_\_\_ 9/2011 grade \_\_\_\_\_

Team trying out for (if known): U- \_\_\_\_\_ Coach \_\_\_\_\_

Do you have brother(s)/sister(s) trying out for a Wayne Soccer Club team this season? Y N

If Yes: Name \_\_\_\_\_ Team/Coach (if known) \_\_\_\_\_

Name \_\_\_\_\_ Team/Coach (if known) \_\_\_\_\_

I/we, as parent(s)/guardian(s) of the above named child hereby give my/our permission for his/her participation in the soccer tryout program with the Wayne Soccer Club, Inc. I/we know of no illness or physical impairment which will prevent him/her from participating. I/we assume all risks and hazards incident to such participation, including transportation to and from all soccer-related activities.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE THIS FORM AND PRESENT IT AT THE TRYOUT REGISTRATION DESK ON APRIL 30 OR MAY 7.**