

WAYNE SOCCER CLUB
P.O. BOX 2217
WAYNE, NEW JERSEY 07470
973-633-7622
www.waynesc.org



TRYOUT REGISTRATION FORM FOR THE 2009-2010 SEASON

Name _____ M F Date of Birth _____

Address _____
Street Town Zip

E-mail _____

Phone No. _____ Parent's Names _____

School Attending _____ 9/2009 Grade _____

Do you have brothers or sisters registering for a team this season? Y N

If Yes: Name _____ Team/Coach _____

Name _____ Team/Coach _____

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I/We, as parent(s)/guardian(s) of the above named child hereby give my/our permission for his/her participation in the soccer program with the Wayne Soccer Club, Inc. I 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 Signature _____ Date _____