



EastSide United FC

U15-U19 Classic Try-out Registration (Please visit www.esufc.com for tryout times and dates)

Age Group (circle one):

U15

U16

U17

U18 /19

Birth Date:

8-1-95 to 7-31-96

8-1-94 to 7-31-95

8-1-93 to 7-31-94

8-1-91 to 7-31-93

PLEASE PRINT CLEARLY:

Player Name: _____ DOB: _____ Gender: M / F

If you have not played for ESUFC in the past please bring a copy of your birth certificate to tryouts

Address: _____ City: _____ Zip: _____

School (Fall of 2010): _____ Grade: _____ T-shirt size: _____

Mother's Name: _____ Hm Phone: _____

Wk: _____ Cell/Pager: _____ Email: _____

Address (if different than player): _____

Father's Name: _____ Hm Phone: _____

Wk: _____ Cell/Pager: _____ Email: _____

Address (if different from player): _____

Last Soccer Club : _____ Coach: _____

Insurance: _____ Doctor: _____

Phone: _____

Health Issues / Medications: _____

PARENT / GUARDIAN:

I authorize participation by the above player in the EastSide United FC Tryouts and Soccer Program. In return, I accept the risks incidental to participation and agree to hold harmless EastSide United FC and its coaches, officers, directors and other leaders for any claim resulting out of injury to the named player. I agree to provide sufficient medical insurance as protection and acknowledge that EastSide United FC does not provide such coverage. I authorize medical procedures to be performed in my absence when deemed necessary by a representative of EastSide United FC Classic or a physician.

Parent's/Guardian's Signature: _____ Date: _____

Relationship to player: _____

Tryout Fee *\$35.00 (non-refundable), includes ESUFC T-shirt. *\$5.00 discount for early online registration and \$30 payment made on-line by August 5th (please do not mail in registration form after Wednesday, August 4th.)

Please register **on-line** or send completed registration form and payment to:
ESUFC, 510 NE Roberts Ave. Suite #200, Gresham, OR.

Check # _____ Money Order _____ Cash _____ (do not send Cash in mail)

Will you be applying for financial assistance to play U15-U19 Classic Soccer in 2010 (circle one) YES / NO

If you circled YES - how much are you willing to contribute towards fees \$ _____ (should you be selected to represent ESUFC).

(If you circled YES, you must submit a scholarship request & \$150 deposit by August 15, 2010.)

This information remains highly confidential and is only seen by ESUFC administrators and the ESUFC scholarship committee.
ESUFC Coaches do not have access to this information!