



Forest Hill Travel Soccer Player Check-In Form

Registration # _____ Player's Name: _____

Birth date: _____ Grade entering: _____

Parents Names: _____

Home Phone: _____

Email Address: _____

How long have you played rec soccer? ____ For who? _____

How long have you played travel soccer? ____ For who? _____

Are you planning on trying out for another travel soccer team? _____

If so, team name: _____ Try-out Dates: _____

Are you interested in trying out for goal keeper? _____

Which one or two field positions do you favor most? _____

Do you play any other travel or club level sports? If so, which sport? _____

Are you involved with any activities that might conflict with practices or games? If so, please explain.

Can you make the team's training camp on _____? _____

TRYOUT PARTICIPATION AGREEMENT:

I understand that neither my child nor I will be covered by any accident insurance provided for by the Forest Hill Travel Soccer (FHTS) or the Forest Hill Recreation Council (FHRC) while participating in tryouts. I agree that I will not hold the FHTS, FHRC, team, coaches, or instructors responsible for any injuries incurred while participating.

PARENT / GUARDIAN SIGNATURE _____ **Date** _____

Players: Do not fill out this portion of form.

Coach's Comments:

_____ Yes _____ No Coaches check off for final team selection
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