

# **OPEN TRYOUTS**

## **CHICAGO INTER SOCCER CLUB**

**Address: 160 Ridgewood Drive, Riverside IL60546**

**Location: RIVERSIDE –BROOKFIELD HIGH SCHOOL**

All players must complete and have parent sign the tryout **REGISTRATION FORM** before participating in a tryout.

If you missed out tryouts, and would like to try out for a team, please contact us at: [cintersoccer@gmail.com](mailto:cintersoccer@gmail.com) or Call (708) 769-4141

**Player /Parent Commitment Agreement:** I wish to participate with this Club on a competitive travel soccer team and I am willing to commit to a practice and games schedules, each in the fall, winter and spring season. If selected to a team, registration fees for are non-refundable. Players are selected by the club based on their demonstrated skill, stamina and competitive spirit. Absolutely no changes in team placement will be made. No refunds will be made after team placement occurs.

CLUB reserves the right to refund registration fees in the event an insufficient number of coaches' volunteer and /or insufficient number of players tryout at a particular age group.

Signed Parent \_\_\_\_\_ Date \_\_\_\_\_

Signed Player \_\_\_\_\_ Date \_\_\_\_\_

**OPEN TRYOUTS REGISTRATION FORM**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Fathers/Mothers Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Statement of Liability and Understanding:**

**I hereby authorize the staff of the Chicago Inter Soccer Club ,their agents, or counselors to act for me according to their best judgment in any emergency requiring medical treatment and hold harmless the coaching staff of any and all liabilities, injuries, or incurred while at open tryout sessions**

**Parent Signature:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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*Signed Parent* \_\_\_\_\_ *Date* \_\_\_\_\_

*Signed Player* \_\_\_\_\_ *Date* \_\_\_\_\_