



COMPETITIVE TRYOUT REGISTRATION

Boulder Athletic
 1790 30th St., Suite 450
 Boulder, CO 80301

office: 303-443-1618*fax: 303-443-8868*email: admin@boulderathletic.com

CLUB USE	Team <input style="width: 100%;" type="text"/>
	<input style="width: 20%; margin-right: 20px;" type="text"/> <input style="width: 20%; margin-right: 20px;" type="text"/> <input style="width: 20%; margin-right: 20px;" type="text"/> <input style="width: 20%;" type="text"/>
	Team # Age Group Player I.D. #

PLAYER	Last Name <input style="width: 30%;" type="text"/>	First Name <input style="width: 30%;" type="text"/>	Init <input style="width: 10%;" type="text"/>						
	Address <input style="width: 80%;" type="text"/>		City <input style="width: 20%;" type="text"/>						
	<input style="width: 5%; height: 20px;" type="text"/>	<input style="width: 15%; height: 20px;" type="text"/>	<input style="width: 5%; height: 20px;" type="text"/>	<input style="width: 15%; height: 20px;" type="text"/>	<input style="width: 5%; height: 20px;" type="text"/>	<input style="width: 5%; height: 20px;" type="text"/>	<input style="width: 5%; height: 20px;" type="text"/>	<input style="width: 5%; height: 20px;" type="text"/>	
	State	Zip Code	Area Code	Telephone Number	Month	Day	Year	Birth date	Male=M Fem =F

PARENT	Father's Name _____ Home Phone _____ Alt. Phone _____
	Mother's Name _____ Home Phone _____ Alt. Phone _____
	List any medical problems or prohibition play has _____
	Email address _____
	Last CSYSA Team _____ Date of last season _____ 20 _____

IMPORTANT

I, the parent/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer programs and activities of the USYSA Parties (the "Programs"). I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs. I further grant the USYSA Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Name _____	Name _____
Parent/Guardian (Please print)	Player (Please print)
Signature X _____ Date _____	Signature X _____ Date: _____

*This form is used by Boulder Athletic Coaching Staff for the sole purpose of Tryout administration and in no way binds player to Boulder Athletic or any affiliated team.