

If unable to attend tryouts, send to:  
Keystone Soccer Club of Central PA  
c/o M. Pierzga  
111 Gardner Lane  
Pennsylvania Furnace, PA 16865

# Keystone Soccer Tryout Registration Form

*For Keystone Use Only*

Tryout Dates: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Team: \_\_\_\_\_ Jersey No. \_\_\_\_\_

## PLAYER INFORMATION

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm) / (dd) / (yyyy)

PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Tryout Team: U12 U13 U14 U15 U16 U17 U18

Did you play for Keystone last season? **YES** **NO**

PLAYER GENDER: Male Female

List most recent playing experience (i.e., teams played on, tournaments, ODP, etc.):

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Please describe any physical or medical conditions that we should know about: \_\_\_\_\_

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## PARENT INFORMATION

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I hereby give approval for the participation of my child in the Keystone Soccer Club of Central PA annual team tryout activities and I assume all risk and hazards incident to such participation, including transportation to and from said activities. I waive, release, absolve, indemnify, and agree to hold harmless the Keystone Soccer Club of Central Pennsylvania, Inc. and affiliated association, organizers, supervisors, officers, directors, and participants from any claims arising out of injury to my child. I hereby grant permission to treat my child in the event of an injury while participating in said activities.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_