



<b>ILLINOIS FC TRYOUT FORM</b> "Sportmanship, Character, Development"	Team Age (i.e. U12):	
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Tryout Number

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

M/F Age: \_\_\_\_\_ Date of Birth: m/d/y \_\_\_\_\_

**MUST FILL IN EVERYTHING IN ORDER FOR ILLINOIS FC TO CONTACT YOU FOLLOWING TRYOUTS!**

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

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

**PARENT/GUARDIAN E-Mail address:** \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

Physician: \_\_\_\_\_ Work: \_\_\_\_\_

Medical/Hospital Insurance Company: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

List any of the Player's medical conditions: \_\_\_\_\_

Emergency contact name and phone: \_\_\_\_\_

I release Illinois FC from all claims and liability of any kind of personal injury to my child due to participation in tryouts. I understand that injury occasionally occur during athletic activities such as soccer. I certify that my child is in good health and is able to participate in soccer. If any attention is required for illness or injury, I give my permission to a staff member for such care. I give consent for my child to be photographed or videotaped while attending tryouts or during the season for those pictures to be used by Illinois FC for promotional purposes.

Parent/Guardian (please print): \_\_\_\_\_

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

<b><i>Position of Interest</i></b> <input type="checkbox"/> Back <input type="checkbox"/> Forward <input type="checkbox"/> Midfield <input type="checkbox"/> Keeper  Indicate 1 <sup>st</sup> & 2 <sup>nd</sup> choice
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***Mail form with \$10.00 tryout fee to the Illinois FC Office at: 302 W. Hill St. Suite#104, Champaign, IL 61820 or fax to 217-355-3192***