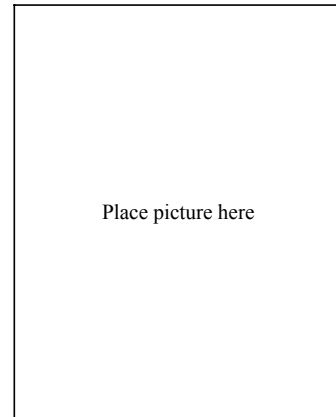


FHS Boys Soccer Tryout Form

2017 - 2018

Participant Name _____
 Current School _____
 Home Address _____
 City _____ State _____ Zip Code _____
 Participant Email _____
 Participant Cell _____
 Home Phone _____



Parent/Guardian _____ Relationship _____

Email _____

Cell _____

Parent/Guardian _____ Relationship _____

Email _____

Cell _____

Parent/Guardian _____ Relationship _____

Email _____

Cell _____

Do you have soccer experience? Yes No If so, how many years total? _____

Do you belong to a soccer club? Yes No If so, which one currently? _____

Results Agreement

I/We understand and accept the tryout process and its requirements for the FHS Boys Soccer Team. I/We have discussed the tryout process and its implications with my/our participant and have prepared my/our participant for any and all team placement decisions. I/We accept that all decisions of placement and acceptance on the FHS Boys Soccer Team are final. I/We accept that all decision of acceptance, team size and individual team placement made by the FHS Soccer coaches are final.

Participant Signature / Date

Parent/Guardian Signature / Date

Parent/Guardian Signature / Date

Parent/Guardian Signature / Date

Please make sure to return the FHS Boys Soccer Tryout packet to the FHS Athletic Office - Boys Soccer Mail Box by: Friday, June 16th / 3pm

| Checklist: | Completed |
|---|-----------|
| FHS Boys Soccer Tryout Form (Please make sure that it is completed AND SIGNED) | |
| Completed Athletic Form by Visitng: http://www.athleticclearance.com | |
| Physical Examination Form ***MUST HAVE IN ORDER TO TRYOUT*** | |