

## Player Profile Information

**CONFIDENTIAL** – This information is only intended for use by the North Mississauga Soccer Club.

**Player Name:** \_\_\_\_\_

**Club Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Age Division:** \_\_\_\_\_ **Jersey Number:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Dominant Foot:** \_\_\_\_\_ **# of Yrs Played:** \_\_\_\_\_

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Please list the top 2 positions that you like to play:

1, \_\_\_\_\_ 2, \_\_\_\_\_

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Do you currently play for the Provincial/ National / TFC Team? \_\_\_\_\_

Please List your Soccer Achievements and Accomplishments: (i.e.: academic awards, soccer championships both Club/Team and School, etc.)

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### Medical Release

*I hereby give permission for my dependent, named participating player above, to participate in tryouts with the North Mississauga Soccer Club. I acknowledge that soccer is an inherently dangerous sport and that my dependent will participate at her/his own risk.*

*I release the North Mississauga Soccer Club and its coaches from all liability in the event of an accidental injury to my dependent during the tryouts. I understand that North Mississauga Soccer Club does not carry medical insurance for tryouts and that I am responsible for my dependent's own insurance coverage and medical expenses.*

**Medical Conditions, Allergies or Medications required**

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**Signature of Parent or Legal Guardian:** \_\_\_\_\_

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

MM/DD/YYYY

### North Mississauga Soccer Club

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