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**: _____

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

1, _____ 2,_____

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.)

_____
_____
_____

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

_____

Signature of Parent or Legal Guardian:_____

Date:_____
MM/DD/YYYY