



www.tkosoccer.org

TKO Premier
PO BOX 19293
Kalamazoo, MI. 49019

TRYOUT REGISTRATION FORM

Assigned tryout number

Player information

Name: _____
Street address: _____
City: _____ State: _____ Zip Code: _____
Date of Birth: _____ Grade in School (fall): _____
Home phone: _____ Cell Phone: _____
Players Email: _____

Most recent outdoor team you played with: _____

What position(s) did you play? _____

What age group are you trying out for? Boys- U _____ Girls- U _____

Parents Information

Father's Name: _____
EMAIL: _____
Work phone: _____
Home phone: _____

Mother's Name: _____
EMAIL: _____
Work phone: _____
Home phone: _____

I, the undersigned parent/guardian, agree that the above named player and I will abide by the rules of WMYSA TKO Soccer Club, The United States Soccer Federation (USSF) and its affiliated organizations and sponsors. I will not hold any board member, officers, sponsors, coaches or team manager responsible for any injury in connection with the WMYSA TKO Soccer Club program. I also certify that at the time of trying out, I had not registered to play on any team for the 2007-2008 soccer seasons.

Signature of parent/guardian: _____ Date: _____