



"Development is our Goal,  
Teaching is our Business"

Tryout Number \_\_\_\_\_

PSA Team \_\_\_\_\_

**WELCOME TO CANYON PSA TRYOUTS**

**Player Information**

Player Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State CA Zip \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ School Grade Next Year \_\_\_\_\_

Age Group: Girls/Boys Under \_\_\_\_\_ Level: Development/ Competitive

Previous Soccer Experience \_\_\_\_\_

Do you play other sports? (yes/no) \_\_\_\_\_ If yes, which is your favorite? \_\_\_\_\_

**Parent Information**

**Father / Guardian**

**Mother / Guardian**

Name	
Home Phone #	
Cell Phone #	
Email Address	


Medical / Other information we should know \_\_\_\_\_

How did you hear about Canyon PSA?	<input type="checkbox"/> Website	<input type="checkbox"/> Mailer/Postcard
	<input type="checkbox"/> Friend Relative	<input type="checkbox"/> Advertisement Banner

WAIVER: I / We recognize that playing soccer or any physical activity presents a risk of physical injury. I / We do hereby acknowledge the potential risks associated with these tryouts and waive the coaching staff and Canyon PSA from any responsibility. I / We also give the coaching staff the authority to administer nominal first aid in event of an injury.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_