



New Mexico Sting Tryout Form

Tryout #: _____ Age: U _____

Player Name: _____

Player Address: _____

City/State/Zip: _____

Home Phone #: _____

Player Email: _____

Date of Birth: _____

Last Team Played For: _____

Years Playing Soccer: _____

Position of Interest: GK _____ Back _____ Mid _____ Forward _____

1st Choice: _____ 2nd Choice: _____

Father's Name: _____

Father's Cell #: _____

Mother's Name: _____

Mother's Cell #: _____

Medical Problems We Should Be Aware Of: _____

Parent approval and medical release: recognizing the possibility of injury associated with soccer and soccer tryout procedures, and in consideration for the NM Sting Girls Soccer Club and its affiliates accepting the registrant for its soccer try-out program and associated activities I hereby release, discharge and otherwise indemnify the NM Sting Girls Soccer Club, its affiliated organizations, and sponsors, their employees and associated personnel, including the owners of the fields and facilities used for the programs against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to and from the same, which transportation I hereby authorize.

Code of Conduct and Fee Payment: I understand there is a code of conduct for my child and myself as a parent/guardian and spectator. I agree to conduct myself in a way as not to interfere with coaches and league officials, or in any way bring-discredit upon NM Sting, players, league officials, or myself. I understand that violation of the Code of Conduct by the participant or myself may result in the immediate dismissal from the NM Sting Girls Soccer organization. I also understand that all fees paid are non-refundable should my player quit once their position has been accepted and that my player may be suspended or dismissed if fees are not paid per NM Sting fee guidelines.

Signed: _____ Date: _____

Relationship to Player: _____