



Inter Chicago Premier F.C.

Tryout Registration Form

Player Information

Full Name: _____

Last

First

M.I.

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Date of Birth _____

Gender _____

Release:

I certify that my son/daughter is in good health and capable of participating in all tryout activities. I also grant the Directors of Inter Chicago Premier F.C. permission to obtain specialists in the event of an emergency and agree to bear the expenses of such procedures. I understand all applicants are required to have accident insurance coverage while attending tryouts.

I Agree

Parent/Guardian

Date

Contact Information

Full Name: _____

Last

First

M.I.

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: _____

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Alternate Phone: _____

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E-Mail: _____

Relationship: _____