

Unable to Tryout due to Injury or Illness form

Player Name _____

Reason player is unable to attend tryout.

- Injury Age Group _____
- Illness Gender _____
- Family Emergency

Date of expected recovery or availability _____

Players who do not attend tryouts for any reason other than those prescribed above will be subject to approval of the soccer board.

Prior Playing Experience (circle one)

Years of playing experience 1 2 3 4 5 6 7 8 9 10 +10

Highest level played Recreational Select Classic Select Premier H.S.

Primary Position Fwd. Outside Mid. Inside Mid. Outside Full. Inside Full. GK

Secondary Position Fwd. Outside Mid. Inside Mid. Outside Full. Inside Full. GK

Prior Team Coach _____

Signature of Parent or Guardian
