



# 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:** \_\_\_\_\_

( )

**Alternate Phone:** \_\_\_\_\_

( )

**E-Mail:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_