



Wallace State Community College

Soccer Tryout Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email _____

Parents Names: (Father) _____ (Mother) _____

Phone Number: (Father) _____ (Mother) _____

Email (Father) _____ (Mother) _____

High School Team: _____

High School Coach: _____ Phone Number: _____

Club Team _____

Club Coach: _____ Phone Number: _____

Other Teams: _____

By signing below, the above named participant is acknowledging that he is in excellent physical and mental health, which will allow him to participate in the soccer tryout. By signing below, the above named player also accepts all liability due to injury, which may occur while participating in the soccer tryout. By signing below, the above named participant releases Wallace State Community College and all its employees from all liability due to participating in the soccer tryout.

Player's Signature: _____ Date: _____

Parent or Legal Guardian's Signature (Required if participant is under 18 years of age):

_____ Date : _____

Please fill out and return this form to: Wallace State College, Coach Barry Spitzer, P.O. Box 2000, Hanceville, AL, 35077-2000. Fax to: 256-352-8228