



Kelowna United Select Soccer Evaluations

PLAYER INFORMATION

NAME: _____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ PLAYER'S D.O.B. (MM/DD/YY): _____

PARENT/GUARDIAN: _____

HOME PHONE #: _____ CELL #: _____

E-MAIL: _____

(to ensure you receive all communication please include email address)

EMERGENCY CONTACT (name and phone #): _____

POSITION INFORMATION (check more than one if applicable)

GOAL KEEPER _____ DEFENDER _____ FORWARD _____ MIDFIELD _____

2009 HEAD COACH INFORMATION – CURRENT TEAM

CLUB NAME: _____

HEAD COACH: _____

I hereby consent to the above named player participating in the 2009-2010 evaluations and release and forever discharge COYSA, Kelowna United, its volunteers and representatives from any liability that may occur during the evaluations.

Signature of Legal Guardian

Date

Tryout fee is \$20

Please send cheque (payable to KUFC) and completed form to:

Kelowna United FC

PO Box 2817

Kelowna, BC V1X 8B6

(please allow sufficient time to arrive before your first tryout date)