



The Cleveland Blues Soccer Club

2010 - 2011 Tryout Form



Tryouts Fall 2010

| Age | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | July |
|------|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|------|
| U-8 | 02 | 02 | 02 | 02 | 02 | 03 | 03 | 03 | 03 | 03 | 03 | 03 |
| U-9 | 01 | 01 | 01 | 01 | 01 | 02 | 02 | 02 | 02 | 02 | 02 | 02 |
| U-10 | 00 | 00 | 00 | 00 | 00 | 01 | 01 | 01 | 01 | 01 | 01 | 01 |
| U-11 | 99 | 99 | 99 | 99 | 99 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| U-12 | 98 | 98 | 98 | 98 | 98 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |
| U-13 | 97 | 97 | 97 | 97 | 97 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| U-14 | 96 | 96 | 96 | 96 | 96 | 97 | 97 | 97 | 97 | 97 | 97 | 97 |
| U-15 | 95 | 95 | 95 | 95 | 95 | 96 | 96 | 96 | 96 | 96 | 96 | 96 |

Please call Ed Bernstein at 216-781-1010 if a makeup tryout is needed.

Participation Form (Please Print Clearly)

Current or Most Recent Team and League

Name: _____ Age: _____ Sex: _____ Shirt Size _____

Address: _____ City: _____ State _____ Zip: _____ Date Of Birth: _____

Parents Name _____ Phone Number: _____ Emergency Number: _____ E-mail Address: _____

Physical or Medical Ailments? Please explain

I verify that my child has been checked by a physician and is physically able to participate in soccer activities. I verify that my child is covered by health and medical insurance. I understand that the sport of soccer has inherent risks of injury and I release Cleveland Blues Soccer Club, Notre Dame College, its employees, officers, and agents from any liability or damages that may occur from participating in Cleveland Blues Soccer Club activities. For Additional information on Cleveland Blues Soccer Club please call Ed Bernstein at 216-781-1010 or e-mail bern@en.com.



Parents Signature: _____

www.clevelandblues.com

Date: _____