



# The Cleveland Blues Soccer Club

2011 - 2012 Tryout Form



## 2011-2012 Winter Tryouts

Age	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July
U-8	03	03	03	03	03	04	04	04	04	04	04	04
U-9	02	02	02	02	02	03	03	03	03	03	03	03
U-10	01	01	01	01	01	02	02	02	02	02	02	02
U-11	00	00	00	00	00	01	01	01	01	01	01	01
U-12	99	99	99	99	99	00	00	00	00	00	00	00
U-13	98	98	98	98	98	99	99	99	99	99	99	99
U-14	97	97	97	97	97	98	98	98	98	98	98	98
U-15	96	96	96	96	96	97	97	97	97	97	97	97
U-16	95	95	95	95	95	96	96	96	96	96	96	96
U-17	94	94	94	94	94	95	95	95	95	95	95	95
U-18	93	93	93	93	93	94	94	94	94	94	94	94

Please call Jared 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](mailto:bern@en.com).



Parents Signature: \_\_\_\_\_

[www.clevelandblues.com](http://www.clevelandblues.com)

Date: \_\_\_\_\_