



# IOWA SOCCER CLUB



## ISC Tryouts/Clinics Form

### Information Sheet for Summer 2010 Tryouts and Clinics

Player's Name \_\_\_\_\_

Player's Birth Date \_\_\_\_\_ Player's Current Age \_\_\_\_\_

Address \_\_\_\_\_

Soccer Club played for during the 2009-2010 season \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

How did you hear about the ISC? \_\_\_\_\_

I \_\_\_\_\_, (parent or legal guardian) hereby release the Iowa Soccer Club, Inc. and all associates, employees, volunteers, officials, and agents associated with this program and facility from any and all claims, liabilities, loss of services, and cause of action of any kind for personal injury and property damage arising in any way out of participation. I hereby authorize the supervisors of the ISC to act for me according to their best judgment in an emergency requiring medical attention. My daughter(s) or son(s) is fully covered by our personal family health plan in the event of sickness or injury.

#### Iowa Soccer Club

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Iowa City, IA 52440

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