

**Mississippi Brilla Juniors**  
Tryout Form

**Personal (Please Print Clearly):**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parents Names: \_\_\_\_\_

**Soccer Experience:**

Preferred Position (Circle One): GK DEF MID FWD

Current Club/Team: \_\_\_\_\_

Team trying out for: \_\_\_\_\_

**MS Brilla Juniors Medical Release Form**

“We consent to have MS Brilla FC act in our behalf should an emergency situation arise and hereby grant permission to said administrators to authorize medical attention recommended by a physician or hospital.”

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In the event of an emergency or other significant concern, the child’s parents or guardians will be contacted. Please provide the name, and phone numbers.

Parent or Guardian Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)  
\_\_\_\_\_ (Cell)

Parent or Guardian Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)  
\_\_\_\_\_ (Cell)

I/ We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge

Mississippi Brilla FC, and their respective staff, officers, agents, employees, representatives, successors and assignees of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in tryout activities or while at tryouts, whether or not damages, injury, or loss is due to negligence.

**Signature of Parent/Guardian:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_