



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, Clinton Soccer Association, and their respective staff members, 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: _____