



OPEN REGISTRATION



PLEASE PRINT CLEARLY & LEGIBLY

1	Child's name?	
2	Child's date of birth?	
3	Parent's name?	
4	Parent's address?	
5	Parent's home & cell telephone numbers?	
6	Parent's email address(s)?	
7	Emergency contact & telephone number?	
8	Child's school and next grade level?	
9	How many seasons has child played soccer?	
10	Name of prior soccer team?	
11	Name of league where prior team played?	
12	Was prior team recreational or competitive?	
13	What is child's usual playing position?	
14	Can child play on a traveling team?	
15	Is child healthy and in fit condition?	
16	Your first choice FC Dallas ETX team?	
17	If not selected for your first choice team, will child play on another FC Dallas ETX team?	

Consent. I agree that my child may try out with the FC Dallas- ETX, Inc. By signing below, I certify that my child does not have any health condition or problem that limits my child's full participation in the strenuous physical activity of a soccer tryout. Dehydration. I understand that dehydration can occur when my child's body loses too much fluid through sweating or exercise. Not drinking enough fluids can cause muscle cramps and faintness. Severe dehydration can cause shock and a life-threatening condition. Because of this risk, I will carefully watch my child throughout the tryouts and make sure that my child drinks sufficient water to prevent dehydration. Release. I hereby release the FC Dallas-ETX, Inc., its coaches, and its representatives from any and all possible liability arising from any bodily injury to my child that occurs in connection with the tryouts.

Date

Signature of Parent

For Club Use Only: Player Classification

Boys / Girls

U_____

2018 / 2019

