



2009/2010 INTERNATIONALS TEAM TRYOUTS

Shaping New and Existing Teams For The 2009-2010 Season

Ages U8 - U18

Open to Boys & Girls



Hands-On Coaching

Character Building

COME PLAY WITH THE BEST!

WE HAVE OPENINGS ON ALL TEAMS IN EVERY AGE GROUP!

NOW IS THE PERFECT TIME TO JOIN THE INTERNATIONALS SOCCER CLUB!

INTERNATIONALS GIRLS RANKED AMONG THE TOP 25 PROGRAMS IN THE NATION!

When: October 19, 2009

Where: Pinnacle Sports
313 Medina Road
Medina, OH 44256

Time: 5:30 to 7:00 PM (Ages U8 - U12)
7:00 to 9:00 PM (Ages U13 - U14)
7:00 PM (Ages U15-U18)*

Cost: \$15.00



Unparalleled Success

**Titles: 35 National,
6 Regional, 100+ State,
4 International**

**Member of US Soccer Development Academy
12 National Team Players**

*high school players that are still participating in the Fall 2009 high school soccer season are not permitted to physically take part in outdoor club tryouts but should still report at 7:00 PM to register in order to express interest and hold a spot for the Winter/Spring seasons.

NOTE: EACH PLAYER SHOULD ARRIVE 30 MINUTES EARLY TO COMPLETE REGISTRATION INFORMATION. PLEASE BRING A COPY OF YOUR CHILD'S BIRTH CERTIFICATE ALONG WITH FIVE 1"x1" COLOR PICTURES.

~THESE TYOUTS WILL BE HELD OUTDOORS. PLAYERS SHOULD COME DRESSED APPROPRIATE FOR THE WEATHER AND READY TO PLAY WITH A BALL, SHINGUARDS, PROPER OUTDOOR SHOES, AND WATER ~

For Additional Info: Zdravko Popovic (330) 239-0616 ext 217, George Nanchoff (216) 587-7827 ext 214, Matt Safar (330) 323-3504, Keri Sarver (330) 284-2711

2009/2010 INTERNATIONALS TEAM TRYOUT REGISTRATION / MEDICAL RELEASE FORM

Child's Full Name _____ Birthdate _____ / _____ / _____

Address _____ City _____ State _____

Zip _____ Home Phone (____) _____ Cell Phone (____) _____

Parent/Guardian's Full Name _____ Address _____

City _____ State _____ Zip _____ Home Phone (____) _____

Work Phone (____) _____ Cell Phone (____) _____ Fax (____) _____

Email 1 _____ Email 2 _____

EMERGENCY CONTACT

Dentist Name _____ Phone(____) _____ Doctor Name _____ Phone(____) _____

Regarding the above named player, I recognize that I/he/she am/is participation in the Internationals Soccer Club program/event at my/his/her own risk. I/he/she hereby agree(s) to release, absolve, indemnify and hold harmless any member, sponsor or representative of the Internationals Soccer Club from any and all liability from any injury, medical fees, hospital fees, or doctor bills of the aforesaid player, and waive all claims of any kind against any or all of the organizations or persons hereinabove enumerated, including any and all claims against any person or persons transporting the above named player to or from any activities. I/he/she certifies that I/he/she am/is in good health and am/is able to participate in all activities. If any medical attention for illness or injury should be required, I give my consent, after all reasonable attempts to contact me or my spouse have been unsuccessful, for the administration of any treatment deemed necessary by a licensed physician.

The following information is needed by any hospital or practitioner not having access to the player's medical history:

Allergies: Food: _____ Drugs: _____ Bee/Insect _____ Other: _____

Medications Currently Taking: _____ Tetanus shot within the last five (5) years? Y or N Date if known ____ / ____ / ____

Other Pertinent facts to which physician should be alerted? _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____

