



* Hands-On Coaching *

2011/2012 INTERNATIONALS TEAM TRYOUTS

Shaping New and Existing Teams For The 2011-2012 Season

Ages U08 - U18

Open to Girls



* 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: Team Training Sessions during the 2011-2012 Indoor Season - contact us for details

Where: Pinnacle Sports
313 Medina Road
Medina, OH 44256



Unparalleled Success

**Titles: 36 National,
6 Regional, 100+ State,
4 International**

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

NOTE: PLEASE BRING A COPY OF YOUR CHILD'S BIRTH CERTIFICATE ALONG WITH A 1x1" COLOR PICTURES., THIS COMPLETED TRYOUT FORM.

- COME DRESSED AND READY TO PLAY WITH A BALL, SHINGUARDS, PROPER SHOES, AND WATER -

For Additional Info: Zdravko Popovic (330) 239-0616 ext 217, Keri Sarver (330) 284-2711

Check Out Our Website: www.internationalssoccer.com

*****Submit form below at time of tryout *****

2011/2012 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 certify(ies) 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:** _____

