



2010 SYL Registration Form – U13 – Super 20
\$50 One Time Tryout Fee (make checks payable to Royals Football Club)

Form must be turned in before participation (see below)

If participant is under 18 years old, this form must be signed by the participant's parent or legal guardian

All players must bring a soccer ball, water and proper equipment to participate

Circle Age Group: U13, U14, U15,, U16, U17 (VYSA Age Group) , **Super 20 (born on or after 1/01/90)**

Player's Name _____ Birth date _____ Current Age _____ Position _____

SYL Experience _____ Club _____ Age _____ Last Season _____

Address _____ City _____ State _____ Zip _____

Home phone _____ E Mail _____

What goal do you hope to accomplish while playing on the Super Y League team? _____

Parent / Guardian name _____ Cell phone _____

School/ College _____ # of years played _____ Grade _____

Club team _____ Div _____ Coach _____ Contact # _____

Years in ODP _____ Ages _____ Coach(es) _____ Contact # _____

Years in Super Y League _____ Ages _____ Club _____ Coach(es) _____

Date of tryout(s) attending _____ Place _____

Shirt Size _____ Short Size _____ If returning player, Super Y # from last season _____

Country of Birth _____ Did you enter the U.S. before the age of 12 _____ US Citizen _____

WAIVER OF LIABILITY – Nova FC Teams , Royals Football Club, LLC and the NV Majestics

The Undersigned hereby release(s) and discharge(s) United Soccer Leagues, Royals Football Club, LLC and any and all Field owners, directors, agents, representatives, employees, sub-contractors, sponsors, shareholders, partners, members and affiliates. The Undersigned further understands, acknowledges and accepts that participation in the Event involves certain inherent risks and agrees that the Undersigned or his/her child is voluntarily participating in the Event with full knowledge of the risks involved and accept all risks of participation. The Undersigned declares that the Participant is physically fit to participate in the Event. The undersigned understands, acknowledges and accepts that he or she must provide his or her own medical insurance for the participant.

Player Signature _____ Print _____ Date _____

Parent Signature _____ Print _____ Date _____

****Form and payment (check, cash) must be turned in at first tryout or faxed in with credit card two days prior to the tryout date.**
703 492-9944

Credit Card# _____ Expiration _____

Name (on the credit card) _____ Signature _____

E mail any questions to royalsgme@novafc.org