2012 Northern Virginia Majestics
Tryout Registration Form: W-League and Super 20

$50 one time tryout fee (checks payable to Northern Virginia Soccer)

Form must be turned in with full payment before participation (see below)
If participant is under 18 years old, this form must be signed by the participant's parent or legal guardian

I am trying out for (please circle) : W-League Team Super 20 League Team Both

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

Player's Name _____Birth date _____ Current Age_____ Position _____

Address_____City_____State_____Zip_____

Home phone_____E-Mail _____

Parent / Guardian Name _____Cell Phone_____

High School _____State/Location_____# of years played _____

College_____Division_____# of years played _____

Collegiate accomplishments_____

Club Team_____League/Division_____Coach(es)_____

Years in ODP _____Ages_____Coach(es)_____Coach(es)_____

Years in Super Y League_____Ages_____Club_____Coach(es)_____

Club/ODP/Super Y Team Accomplishments_____

Shirt Size_____ Short Size _____

Date of Tryout(s) Attending_____

Country of Birth _____Did you enter the U.S. before the age of 12?_____US Citizen_____

WAIVER OF LIABILITY – Nova FC Teams , Northern Virginia Majestics, Royals Football Club, LLC and the Northern Virginia Soccer Club
The Undersigned hereby release(s) and discharge(s) United Soccer Leagues, Northern Virginia Majestics, 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 (if under 18)_____ 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. FAX 703 590-6202** Mailing Address - Northern Virginia Soccer, 16656 Purcival Court, Dumfries, VA 22025**

Credit Card#_____Expiration_____

Name (on the credit card)_____Signature_____

If you are bringing form to tryout you must send e-mail to majesticsyleague@novafc.org