



2010 Northern Virginia Majestics Tryout Registration Form: W-League

\$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

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