



Buckeye Travel Soccer Tryouts

Fall 2016 – Spring 2017

Saturday, May 21st

Is your child ready for Travel Soccer?

- Travel soccer is for the committed soccer player who is looking for more of a challenge in order to continue to grow as a soccer player.
- If your child is showing a passion and talent for playing soccer and is willing to commit to playing soccer five to seven hours per week in the fall and spring season, then he or she is ready for travel soccer.

About: The Buckeye Travel Program provides the opportunity to compete at the highest level of competition in the area as well as compete in tournament play throughout the state of Ohio.

Who: Current players as well as new players are required to tryout.

What to bring:

- Soccer ball, shin guards, soccer shoes, and water.
- Parent/Guardian must sign a medical release for the day of tryouts for the player to participate.
- Completed Travel Application Packet, you can download it here:
<http://buckeyesoccer.org/youth-programs/travel-tryouts/>
- 2 wallet sized photos
- Copy of birth certificate (new players only)
- Check for \$95 (covers Fall 2016 and Spring 2017) made out to Buckeye Soccer Association

When and Where: May 21st at the Buckeye Soccer Complex (Behind the Elementary School)

See the chart below for your player(s) time slot(s).

GENDER	BIRTH YEAR	AGE GROUP	DATE	CHECK-IN	TRYOUT
Girls	2007 - 2009	U8 - U10	May 21, 2016	12:00 PM	12:30 - 1:30 PM
Boys	2007 - 2009	U8 - U10	May 21, 2016	12:30 PM	1:00 - 2:00 PM
Girls	2005 - 2006	U11 - U12	May 21, 2016	1:00 PM	1:30 - 2:30 PM
Boys	2005 - 2006	U11 - U12	May 21, 2016	1:30 PM	2:00 - 3:00 PM
Girls	2002 - 2004	U13 - U15	May 21, 2016	2:00 PM	2:30 - 3:30 PM
Boys	2002 - 2004	U13 - U15	May 21, 2016	2:30 PM	3:00 - 4:00 PM



For more information on the Travel Programs visit

www.buckeyesoccer.org

We Are Buckeye Youth Soccer



Player Packet Check List Fall 2016 – Spring 2017

- ✓ US Club Youth Player Registration Form
- ✓ Copy of Birth Certificate (new players only)
- ✓ Recent Wallet Size Color Photo
- ✓ Payment – Cash or Check for \$95 made to Buckeye Soccer Association

Questions please contact:

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www.buckeyesoccer.org
We Are Buckeye Youth Soccer



YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or until the player's 18th birthday, whichever occurs last.

Club Name: _____ City: _____ State: _____
 League Name: _____

I hereby consent to the above-named club registering me with US Club Soccer. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

 Player's Signature Date Parent/Guardian Signature Date

PLAYER'S MEDICAL INFORMATION

Player's Name: _____ Birth Date: _____ Gender: Female Male
 Street Address: _____ City: _____
 State: _____ Zip : _____ Email Address: _____

Parent Name: _____ Home Phone: () _____ Bus Phone: () _____
 Email Address: _____ Cell Phone: () _____ Receive texts? Yes No
 Parent Name: _____ Home Phone: () _____ Bus Phone: () _____
 Email Address: _____ Cell Phone: () _____ Receive texts? Yes No

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Phone 1: () _____ Phone 2: () _____
 Name: _____ Phone 1: () _____ Phone 2: () _____

Please list Allergies the player has: _____
 Please list other medical conditions: _____

Physician _____ Phone 1 () _____ Phone 2 () _____
 Medical/Hospital Insurance Company _____ Phone () _____
 Policy Holder's Name _____ Policy Number _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature _____ Date _____ Relation to player: Father Mother Guardian

MEDICAL RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Players Birth _____ / _____ / _____
Month Day Year

Date of last Tetanus Booster _____ / _____ / _____
Month Day Year

Known allergies of this player, including any allergies to medicine: _____

Any other medical problems which should be noted: _____

Family Physician _____ Phone (____) _____

Name of Parent/Guardian _____

Address _____ City/State/Zip _____

Phone (H) _____ (W) _____ (FAX) _____

Person responsible for charges (if different from above) _____

Address _____ City/State/Zip _____

Phone (H) _____ (W) _____ (FAX) _____

Person to notify if parent/guardian is unavailable _____

Phone (H) _____ (W) _____ (FAX) _____

Insurance Carrier _____ Policy Number _____

Signature of Parent/Guardian _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on the _____ day of _____, 20____.

Notary Public in and for the State of _____

Commission expires _____