

Register Now!!!!

**Tryout for FC Sonic  
the Lehigh Valley's Premier Men's Soccer Team.**

2011 season try-outs will be held March 6th & 13<sup>th</sup> from 12pm to 2pm at the Iron Lakes Sports Dome located at 3557 Shankweiler Road, Allentown PA 18104.

Sessions will be conducted by FC Sonic head coach Dave Weitzman. Please submit, along with this form, a \$40.00 tryout registration fee made payable to "FC Sonic".

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Emergency Phone # \_\_\_\_\_  
\_\_\_\_\_ Emergency Contact \_\_\_\_\_

Soccer Info:

Highest Level Playing Experience:

\_\_\_\_\_  
\_\_\_\_\_

Awards:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the applicant is in good physical condition to participate in the 2010 FC Sonic tryouts. If medical assistance is required for illness or injury while attending the tryouts, I give permission for such care and I certify that the applicant is covered by medical insurance. FC Sonic, Iron Lakes, & Lehigh University are not responsible for and will not provide payment of any medical, dental, hospital, transportation, or laboratory, fees due to injury incurred while participating in the 2010 FC Sonic tryouts.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Under 18: Parent/Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_

Name of Medical Insurance Co. \_\_\_\_\_  
Policy No. \_\_\_\_\_