



Youth Soccer Tryouts

PASCO will be holding tryouts for the following teams for the Fall 2009 season. These teams will be part of PASCO's newly formed **Youth Development Program**. All teams that are part of this program will be professionally trained and coached by Metropolitan Soccer Academy trainers. Tryouts will be held Tuesday May 19 & May 26 (6:30pm – 7:30pm) at the Passaic County Tech soccer field (lower field) in Wayne. The following age groups will be part of this program:

U-7 Boys & Girls

U-8 Boys & Girls

U-9 Boys & Girls

U-10 Boys & Girls

Features

- All kids will play
- Coaches will ensure that they are looking at the development component of players
- Allow each player to gain meaningful experience and playing time
- Focus will be on development and growth, rather than solely on winning
- Creativity, individual play and ball skills will be promoted
- Our coaches will be continually developed and educated to stay up to date with the latest high quality United States soccer coaching strategies

MSA's goal is to develop a player to not only improve physically in his/her performance of skills and techniques, but also to enhance their knowledge and ability to make decisions on the field.

PLEASE FILL OUT THIS REGISTRATION FORM AND MAIL BACK BY MAY 15, 2009 TO THE FOLLOWING ADDRESS:

Metropolitan Soccer Academy
65 Wilson Ave
Wayne, NJ 07470

For more info please call David at 201-618-3033 or email metropolitansoccer@gmail.com

TRYOUT REGISTRATION FORM

NAME OF CHILD: _____ M / F BIRTHDATE: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ EMAIL: _____

PARENT NAME: _____ EMERGENCY PHONE #: _____

SEPTEMBER 2009 GRADE: _____ TEAM REGISTERING FOR: _____

HOW DID YOU HEAR ABOUT TRYOUTS: _____

INSURANCE AND LIABILITY WAIVER

Liability/Medical Waiver: My son /daughter is in good health and has my permission to participate in this program. In case of medical emergency, I authorize MSA & PASCO personnel to seek medical emergency care for my child. I hereby assume all risks and hazards incidental to my child's participation in these activities, and I do hereby waive, release and absolve the Metropolitan Soccer Academy and PASCO Soccer Club assistants and participants from any claim arising out of injury to my child. I represent that I am a parent /guardian of the minor named above, and I agree that the grant and release contained therein binds me and the minor to all of its terms.

PARENT SIGNATURE: _____