



# 2010 OPEN TRYOUTS

**Our Mission :** To develop well-balanced, successful individuals in a team environment through instruction of the technical, tactical, physical and psychological aspects of soccer.



## All tryouts will be held at Morris Park Soccer Fields

Located off 163rd St., between Gougar and Cedar Rd in Homer Glen.

### Tryouts dates and time:

**High School Girls U14 to U18**

**May 16<sup>th</sup> and 23<sup>rd</sup> 4:00PM to 6:00PM.**

June 1<sup>st</sup> 5:00 PM to 6:30PM U7 to U14 Girls

June 1<sup>st</sup> 6:30PM to 8:00PM U7 to U14 Boys

June 2<sup>nd</sup> 5:00PM to 6:30PM U7 to U14 Girls

June 2<sup>nd</sup> 6:30PM to 8:00PM U7 to U14 Boys

Please attend both Tryouts June 1<sup>st</sup> and 2<sup>nd</sup> .

For our U15 to U18 Boys, Tryouts are in October after High School Boys Season.

For more information's about our Tryouts and locations visit our website:

[www.chicagointersoccer.com](http://www.chicagointersoccer.com)

All players need to print, fill out and bring Tryout registration form 15 minutes before Tryout starts

**Player/Parent Commitment Agreement::** I wish to participate with this Club on a competitive travel soccer team and I am willing to commit to a practice and games schedules, each in the fall, winter and spring season . If selected to a team, registration fees for are non-refundable. Players are selected by the club based on their demonstrated skill, stamina and competitive spirit.

Absolutely no changes in team placement will be made. No refunds will be made after team placement occurs.

CLUB reserves the right to refund registration fees in the event an insufficient number of coaches volunteer and/or insufficient number of players tryout at a particular age group.

(spring girls and fall boys season are optional for high school players)

Signed Parent \_\_\_\_\_ Date \_\_\_\_\_

Signed Player \_\_\_\_\_ Date \_\_\_\_\_

### Tryout Registration Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Statement of Liability and Understanding:

I hereby authorize the staff of the Chicago Inter – Homer Soccer Club, their agents, or counselors to act for me according to their best judgment in any emergency requiring medical treatment and hold harmless the coaching staff of any and all liabilities, injuries, or illness incurred while at open tryout sessions.

Parent Signature; \_\_\_\_\_

Print Name; \_\_\_\_\_

Date \_\_\_\_\_

*Come and Try-out with us you will like it, it's all PROFESSIONAL*