

STARZ SOCCER CLUB Tryouts

Fall 2017/ 2018 Season

The Starz Soccer Club is holding club tryouts for the Fall 2017 season. Interested players should complete the form and submit that to the Arena Club as well as plan to attend the appropriate tryout listed below. If you have any additional questions, please contact director of coaching Gabe Kuhn. **All tryouts will be held at The John Carroll School and The Arena Club.**

Director of Coaching: Gabe Kuhn

gkuhn@thearenaclub.com

Birth Year	TRYOUT DATES	TIMES	Location
2007 Girls	Sunday May 21st Monday May 22nd Thursday May 25th	3:30pm- 5:00pm 6:30pm- 8:00pm 6:30pm-8:00pm	The Arena Club Grass Field The Arena Club Grass Field The Arena Club Indoor Facility
2008/ 2009/ 2010 Boys	Sunday June 4th Monday June 5th Wednesday June 7th	6:00pm - 7:30pm 6:00pm - 7:30pm 6:00pm- 7:30pm	The Arena Club Grass Field The Arena Club Grass Field The Arena Club Grass Field
2006/2007 Boys	Monday May 22nd Wednesday May 31st	6:00pm - 7:30pm 6:00pm- 7:30pm	The John Carroll School Field 2 The John Carroll School Field 1
2004/2005 Boys	Wednesday May 17th Monday May 22nd Wednesday May 24th	6:00pm - 7:30pm 6:30pm - 8:00pm 6:00pm- 7:30pm	The John Carroll School Field 2 The John Carroll School Field 1 The Arena Club Grass Field
2003 Boys	Tuesday May 16th Tuesday May 23rd Thursday May 25th	6:00pm -7:30pm 6:00pm -7:30pm 6:00pm-7:30pm	The John Carroll School Field 1 The John Carroll School Field 1 The John Carroll School Field 1
2002 Boys	Tuesday May 16th Tuesday May 23rd Thursday May 25th	7:30pm –8:45pm 7:30pm –8:45pm 7:30pm –8:45pm	The John Carroll School Filed 1 The John Carroll School Field 1 The John Carroll School Field 1
2001 Boys	Tuesday May 16th Tuesday May 23rd Thursday May 25th	8:45pm-10:00pm 8:45pm-10:00pm 8:45pm-10:00pm	The John Carroll School Field 1 The John Carroll School Field 1 The John Carroll School Field 1



STARZ SOCCER CLUB TRYOUTS Prospective Player Sheet

TEAM YOU ARE TRYING OUT FOR: _____ Birth Year: _____ GIRLS _____ BOYS _____

CHILD'S NAME: _____ DOB: ____ / ____ / ____

MOM'S NAME: _____ DAD'S NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME #: _____ CELL #: _____

EMAIL: _____

HEALTH INFORMATION: Please list any special needs, medical or behavioral conditions, or medications that we need to be aware of to ensure your child's safety (allergies, asthma, etc.)

RELEASE: I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. I understand that all images (photographic and video) taken can be used in future marketing.

Signature / Parent or Legal Guardian must sign if participant is under 18

Date

Please complete and sign this form and send it to the contact listed for your age group or drop it off to The Arena Club prior to your tryout dates.