

# RIVER SOCCER CLUB TRAVEL TRYOUTS

**Opportunity to Develop and Play with the Best**

**2x Week Premier Quality  
Training Sessions**

**Highly Qualified  
Licensed  
Coaches**

**Fall & Spring  
League Play**

**5x Competitive  
Tournaments**

**Winter Indoor  
Futsal League**



**RSC Travel Teams U9-U15 Boys and Girls:  
Fall, Winter, & Spring Seasons 2018-2019**

**Cost to Tryout: \$10**

**Receive a River SC Tryout Training Shirt**



## River Soccer Club: Try Outs Schedule

<b>Week 1:</b>	<b>Mon. 5-21</b>	<b>Tues. 5-22</b>	<b>Wed. 5-23</b>	<b>Thurs 5-24</b>
5:30-6:45	Boys 2010	Girls 2010/2011	Boys 2006	Make-Up
5:30-6:45	Boys 2009	Girls 2008/2009	Boys 2005	Make-Up
7:00-8:15	Boys 2008	Girls 2006/2007	Boys 2004	Make-Up
7:00-8:15	Boys 2007	Girls 2004/2005		Make-Up

<b>Week 2:</b>	<b>Tues. 5-29</b>	<b>Wed 5-30</b>	<b>Thurs. 5-31</b>	<b>Mon. 6-4</b>
5:30-6:45	Boys 2010	Girls 2010/2011	Boys 2006	Make-Up
5:30-6:45	Boys 2009	Girls 2008/2009	Boys 2005	Make-Up
7:00-8:15	Boys 2008	Girls 2006/2007	Boys 2004	Make-Up
7:00-8:15	Boys 2007	Girls 2004/2005		Make-Up

**\*Players must try out at appropriate year of birth.**

### **Registration Form**

Player's Name: \_\_\_\_\_ Player's Age (DOB): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Any known medical conditions or medications? \_\_\_\_\_

Shirt Size (circle one): Youth- S M L      Adult- S M L XL

\_\_\_\_\_ has my permission to participate in the River Soccer Club, sponsored by the River Soccer Club. I hereby assume the risk of all accidents and of all personal injury and any other loss or damage which he/she may suffer while attending this camp. I hereby absolve the River Soccer Club, its officers and Board of Directors, and its agents, and employees, coaches, instructors, and other volunteer workers from all liability of any personal injury, loss or damage that he/she sustains as a result of him/her being injured while participating in the River Camp activities. I also certify that my child is covered under an accident and health insurance policy which covers his/her participation in this camp.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_