



900 CHICON ST, AUSTIN TX 78702 2795

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Men's Soccer

## **Men's Soccer Tryout for Fall 2015 Season**

**March 27<sup>th</sup>, 2015 (10am-4.30pm on HT Campus)**

**PLEASE COMPLETE BOTH PAGES OF THIS FORM IN FULL AND RETURN, ALONG WITH A \$20 REGISTRATION FEE, BEFORE MARCH 13<sup>th</sup>, 2015, TO:**

Huston Tillotson University  
Men's Soccer  
Attn: Rob Ferguson  
900 Chicon St,  
Austin, TX 78702

**\*We are looking to add 6-8 elite players to compete for starting positions within a squad of around 26 players\***

Player Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Current College or HS: \_\_\_\_\_

Home Town: \_\_\_\_\_

Current or Most Recent Club: \_\_\_\_\_

Position (Circle One): GK    D    M    F

Current GPA: \_\_\_\_\_

SAT Score (Math/Reading only): \_\_\_\_\_

Will You Graduate in the Top 50% of your HS Class? (Circle One):      Yes    No

**If you are currently enrolled in a college:**

Are you playing, or have you ever played, competitive NAIA or NCAA Athletics (Circle One):    Yes    No

If 'Yes', what sport: \_\_\_\_\_, and how many seasons of competition have you used: \_\_\_\_\_.

If 'Yes', how many semesters: \_\_\_\_\_ and hours: \_\_\_\_\_ have you completed (passed) at the college level.

**All players will participate in two soccer sessions, one in the morning and one in the afternoon, and all players will receive a HT Tryout Tee-Shirt, Lunch and a Tour of the HT Campus.**



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900 CHICON ST AUSTIN TX 78702 2795 (Phone) 512.505.3151 (Fax) 512.505.3193 ATHLETIC DIRECTOR

## Huston-Tillotson University – Intercollegiate Athletics

### Assumption of Risk for Open Tryouts

I, the undersigned, consent to participate in the Huston-Tillotson University (HT) Intercollegiate Athletics open tryouts.

I realize that there are risks assumed in athletics from activities such as running, jumping, playing soccer, weight training, use of equipment/apparatus, contact with or falls from equipment/apparatus, as well as other activities.

I understand and agree to participate with full knowledge, understanding, and appreciation of the risks herein.

I am willing to assume the risk of serious injury, which includes loss of limb or organs, paraplegia, quadriplegia, brain injury or death.

I understand that injuries sustained during or as a result of the tryout process are not covered by HT Intercollegiate Athletics Insurance and that HT will bear no financial responsibility for such injuries.

In consideration of me being allowed to participate in the Huston-Tillotson University Intercollegiate Athletics open tryouts, I hereby release and hold harmless Huston-Tillotson University, its employees, officers, regents and other persons associated with my participation from any liability relating thereto.

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Signed

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Social Security Number or Date of Birth

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Printed Name

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Date

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Phone Number

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Email address

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Signature of Parent/Guardian if under 18