



900 CHICON ST, AUSTIN TX 78702 2795

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Men's Soccer

Men's Soccer Tryout for Fall 2015 Season

March 28th (revised to Saturday), 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 13th, 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 have a short tour of the HT Campus.



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.

Signed

Social Security Number or Date of Birth

Printed Name

Date

Phone Number

Email address

Signature of Parent/Guardian if under 18