AYSO Matrix – La Costa
Competitive Soccer Tryouts

Age	Boys/Girls	Check-in	Location
U10- U12 U10 must be nine years of age or younger as of August 1st, 2011 U12 must be eleven years of age or younger as of August 1st	Tues - **Feb 8th** – 6:00 to 7:30pm Thurs – **Feb 10th** 6:00 to 7:30pm	5:45 pm	**Stage Coach #2**

Age	Boys/Girls	Check-in	Location
U13 – U14 U13 must be twelve years of age or younger as of August 1st, 2011 U14 must be thirteen years of age or younger as of August 1st, 2011	Tues - **Feb 8th** – 7:30 to 9:00pm Thurs – **Feb 10th** 7:30 to 9:00pm	7:15 pm	**Stage Coach #2**

Players need to be prepared to play soccer – please bring water and wear shin guards and cleats

Parents must accompany all players and sign a medical release form which can be found along with this flyer or be downloaded from our website, *http://LACOSTAAYSO.ORG*

Mike Hovenic, Director of the Mike Hovenic Soccer Camps and Matrix Coach Trainer, will evaluate players and conduct the evaluations along with the respective team coaches.

AYSO Matrix is one of the largest soccer clubs playing in the Presidio Soccer League.

Cost Comparison

	La Costa Matrix	Other Local Clubs
Registration fee	**$425 – New player** **$375 – Returning player***	$900 +
Competitive Licensed Coach	**Yes**	Yes
All players will play at least half of every game	**Yes**	No guarantee
Soccer Bag & Jacket *	**Yes**	No guarantee
Outside Professional Training throughout season	**Yes**	Not included

** Returning player will not receive jacket & backpack. If needed, registration fee will be $425.*

For further information, please contact Bob Romley, AYSO 1282 Matrix Director
rromley.ayso@gmail.com

Please visit our website at *http://LACOSTAAYSO.ORG*

2011 MATRIX TRYOUTS PLAYER INFORMATION

(PLEASE PRINT)

TRY OUT # _____

B / G U-_____

LEAGUE USE ONLY

_____
PLAYER NAME

_____
ADDRESS

_____
CITY ZIP

PLAYER'S BIRTHDATE:_____

_____
PARENTS NAME(S)

HOME PHONE CELL PHONE(S)

SOCCER EXPERIENCE

AYSO/REC (Yrs) AYSO REGION

MATRIX / OTHER CLUB (Yrs) _____ MATRIX TEAM / CLUB

OTHER SEASONAL SPORTS

Do you play another seasonal sport? __YES_____NO_____

If yes, what sport(s)? _____

(BASEBALL, SOFTBALL, BASKETBALL, INDOOR SOCCER?)

Matrix Teams travel and play in several weekend tournaments each year and play games on Saturdays and / or Sundays. Are there specific days of the week/months or seasons that you cannot play Matrix (competitive) soccer?

List: _____

MEDICAL RELEASE FORM

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches and/or other AYSO officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I, the undersigned parent or legal guardian of the above player, a minor, acknowledge that participation in soccer involves risk of severe, permanent physical injury, and death. For myself, and on behalf of the above player, we willingly and voluntarily accept and assume all such risk. In consideration of permitting the voluntary participation of the above-named participant in this tryout program, for myself and on behalf of the above player, I hereby release, discharge and agree to hold harmless AYSO, its employees, volunteers, officials, sponsors, and other representatives from any and all claims, demands, costs, expenses, and compensation arising out of or in any way related to any injury or other damage that may result to said participant while participating in any AYSO sponsored event, including any physical or other injury caused by the negligence of any such person while performing his/her duties at any time.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK, AND WAIVER AND FULLY UNDERSTAND THE TERMS OF EACH. I UNDERSTAND THAT I AND THE ABOVE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE

Does your child have any disabilities, injuries, limitations, history of heart or respiratory conditions or other medical conditions?
If so, list here_____

X_____

PARENT/GUARDIAN **DATE**