



MUSCATINE SOCCER CLUB Tryouts 2023-2024

Interested in playing travel soccer for the upcoming 2023 – 2024 soccer season? Come check us out at the **Muscatine Soccer Complex**.

Important Tryout information:

- Tryouts are required for those wanting to play in the travel program. All players must attend a tryout session for the age group they are wanting to play in. Roster spots are determined from their tryout performance.
- All players must wear shin guards and appropriate soccer shoes. Please bring your own water bottle.
- Please arrive 20 minutes early to complete the registration process.
- All players that make a travel team will receive via e-mail an invite to join that team. Further information on accepting the invite will be provided in this e-mail.

Division	Birth year	Date and Time
U8-U10 Boys/Girls	2014-2016	Wednesday 5/31, 5:30-6:30
U11-U12 Girls	2012-2013	Wednesday 5/31, 6:30-7:30
U11-U12 Boys	2012-2013	Wednesday 5/31, 6:30-7:30
U13-U15 Boys	2009-2011	Thursday 6/1, 5:30-6:30
U13-U15 Girls	2009-2011	Thursday 6/1, 5:30-6:30
U16+ Boys	2005-2008	Tuesday 6/6, 6:30-7:30
U16+ Girls	2005-2008	Tuesday 6/6, 6:30-7:30

If you are unable to make any of these dates, please email muscatinessoccerclub@gmail.com so we can arrange a time for you to be assessed.

All players U8-U12 will make a travel team.



Player Name as it appears on birth certificate: _____

Player's Birthday MM/DD/YY: _____ Age Group Trying out for: _____

Email: _____ Phone: _____

Address: _____

Parent's name and Employer: _____

In consideration for the above soccer player participating as a member of a team that belongs to the Muscatine Soccer Club, I/we hereby waive any legal claims and release the Muscatine Soccer Club, its Board of Directors, Employees and the team on which my son/daughter is participating from any claims of negligence. I understand the participation in soccer may cause injury and I agree not to file any claim against Muscatine Soccer Club, and its Board of Directors, Employees or the team in the event of injury to my son/daughter while participating in this soccer program. I hereby give my consent in the event of injury to have an athletic trainer, medical doctor, nurse, hospital, clinic or other qualified health care provider, give medical assistance and/or treatment, and agree to be financially responsible for the cost of this assistance and/or treatment.

Parent Signature: _____

Date: _____

