



**Thompson Okanagan  
Football Club**



## 2010 Thompson Okanagan FC Soccer Evaluations

### PLAYER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ PLAYER'S D.O.B. (MM/DD/YY): \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

(to ensure you receive all communication please include email address)

EMERGENCY CONTACT (name and phone #): \_\_\_\_\_

### POSITION INFORMATION (check more than one if applicable)

GOAL KEEPER \_\_\_\_ DEFENDER \_\_\_\_ FORWARD \_\_\_\_ MIDFIELD \_\_\_\_

### 2010 HEAD COACH INFORMATION – CURRENT TEAM

CLUB NAME: \_\_\_\_\_

HEAD COACH: \_\_\_\_\_

I hereby consent to the above named player participating in the 2010 evaluations and release and forever discharge TOYSL and Thompson Okanagan FC, its volunteers and representatives from any liability that may occur during the evaluations.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

Tryout fee is \$20

Please send cheque (payable to Thompson Okanagan FC) and completed form to:

Thompson Okanagan FC  
Unit 155, 138-1876 Cooper Road  
Kelowna, BC V1Y 9N6

(please allow sufficient time to arrive before your first tryout date)