

**2010-2011 ATHLETIC JAIER FUTBOL
CLUB TRYOUT REGISTRATION**

*Please complete one form per child OR register on-line at
www.jaier.com. Please type or print information clearly.*

Mail to: AJFC, P.O. Box 216, St. Joseph, MI 49085

Player's name: _____

Birthdate: _____ 2010-2011 Grade: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Check One: Boy Girl

School: _____

Check One: U9 U10 U11 U12 U13 U14 HS

IMPORTANT:

Please check if player wishes to try out for goalkeeper.

MOTHER'S NAME: _____

Daytime Phone: _____

Address: (if different from player) _____

Email Address: _____

Cell Phone: _____ Work Phone: _____

FATHER'S NAME: _____

Daytime Phone: _____

Address: (if different from player) _____

Email Address: _____

Cell Phone: _____ Work Phone: _____

Parent responsible for fees: _____

MEDICAL INSURANCE CARRIER:

Does this child have any disabilities, handicaps, present injuries
or limitations, allergies, hemophilia, heart condition, history of
respiratory illness or any other significant medical condition?

No Yes

Please explain: _____

Please save this form & then attach in an email to managers@jaier.com.