

**GALAXY SOCCER ACADEMY TRY OUT
2021 REGISTRATION FORM**

Player Information:

Player First Name:	<input style="width: 100%;" type="text"/>
Player Last Name:	<input style="width: 100%;" type="text"/>
Player Date of Birth:	<input style="width: 100%;" type="text"/>
Player Last Club \ Academy:	<input style="width: 100%;" type="text"/>

Parent / Guardian Information:

Parent / Guardian First Name:	<input style="width: 100%;" type="text"/>
Parent / Guardian Last Name:	<input style="width: 100%;" type="text"/>
Parent / Guardian Phone #:	<input style="width: 100%;" type="text"/>
Parent / Guardian E-mail Address:	<input style="width: 100%;" type="text"/>

Galaxy Soccer Academy Player Try Out Waiver Form Agreement:

I have read and agree to the Terms and Conditions in the Player Waiver Form and I have completed the COVID-19 screening form and GSA Medical form:

Galaxy Soccer Academy Try Out Fee's: Please send an e-transfer fee of \$25.00 to the following e-mail address, gsaOttawa@gmail.com. Please Add your Players Full Name in the Notes Section.