

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

Player Information:

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|------------------------------------|---|
| 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 \$20.00 to the following e-mail address, gsaOttawa@gmail.com. Please Add your Players Full Name in the Notes Section.