



# Super Y Form



Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Father's Cellphone: \_\_\_\_\_ Mother's Cellphone: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother Email: \_\_\_\_\_

Current Club Affiliation: \_\_\_\_\_

MONTH and DAY of the player's mother's birth date \_\_\_\_\_  
Month Day

**TRYOUT REQUIREMENTS:** All players will need (1) a properly completed Tryout Registration Form (2) payment via check for \$275 made payable to Indiana Invaders, (3) indoor soccer shoes, (4) proper shin guards.

**DEPOSIT:** If you are selected to a team, the \$275 will be credited towards your payment for team fees. If you are not selected to a team, the \$275 is fully refundable. If you are chosen to play on a team, you have 48 hours from the time the roster are posted or from the time you are notified to decline your position. If during the 48 hours you choose NOT to play and you notify our administrator in writing (email), your \$275 will be returned. Any decision to drop made after 48 hours will result in the forfeit of your payment. If we receive no communication within 48 hours, it is assumed that you have accepted your position and the club will keep the fees.

\_\_\_\_\_ Please initial that you have read and understood this policy.

The undersigned is acknowledging responsibility for the player named above and is submitting the appropriate fees with the intent of reserving a place for the named player to compete in the Super Y league.

**PARENTAL RELEASE:** This is to certify that my son has permission to participate in any and all league activities associated with the Indiana Invaders. I assume all risks and hazards incidental to such participation and I do hereby agree to hold harmless the staff of Indiana Invaders and Indiana Invaders organization, from any and all claims arising out of any injury to my Child. In the event of injury, my permission is granted for treatment as required at the nearest medical treatment facility.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date