

If you love to play soccer....



LEG-A-Z SOCCER ACADEMY

P.O. Box 141656 • Gainesville, FL 32614 • Phone: (352) 377-6088 • e-mail: khunum@legazsoccer.com

2006-2007 Competitive Youth Soccer Tryouts

Boys and Girls Teams • U10-U18 (Must be born after Aug. 1, 1988)

Mon, Tues, Wed • June 12, 13, 14 • Forest Park • 4501 SW 20th Ave • Gainesville

U13 and under: 5-6:30 pm U14 and above: 6:30-8 pm

*Registration begins 30 minutes before each tryout session.

Players are expected to be ready to play at start of session, with all registration completed.

Technical Director: Basil Benjamin, USSF A License, FA International License

2006 Gainesville Sun Boys High School Coach of the Year

2006 Gainesville Sun Girls High School Coach of the Year

Come train with the area's most qualified youth soccer coaches

Wear white T-shirt, cleats, shinguards • Bring ball, water, and this form
Registration requires parent/guardian signature (below)

For more than 16 years, Leg-A-Z Soccer has provided high-level coaching in a player-friendly environment. Area players who have participated in Leg-A-Z teams and camps are those who have had the most success in high school and college. Leg-A-Z has produced more players of the year, all-state players, ODP players and all-area players than any other single group of its kind in the area. Our unique integration of skill and tactical understanding contributes greatly to our players' success. For more details, visit www.legazsoccer.com.

Can't make tryouts? A tryout can be arranged at Leg-A-Z's summer camps. Visit the legazsoccer.com website, or call Basil at 377-6088, for arrangements.

PLAYER NAME (please print): _____ DOB: ____/____/____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ CITY: _____, FL _____ (zip)

PHONE: (home) _____ (work) _____ (cell) _____

EMAIL: _____

PLAYER UNIFORM SIZE: Jersey Youth S ___ M ___ L ___ XL ___ Adult S ___ M ___ L ___ XL ___
Shorts Youth S ___ M ___ L ___ XL ___ Adult S ___ M ___ L ___ XL ___

PARENT/GUARDIAN APPROVAL

In consideration of the acceptance of my child or ward to participate in the soccer program offered by Leg-A-Z Sports Academy, Inc., I agree, on behalf of my child or ward, to assume the risks incidental to such participation (which may include, among other things, muscle injuries and broken bones) and, on my own behalf, and on behalf of my child or ward, and on behalf of me and my child's or ward's heirs, executor and administrators, release and forever discharge Leg-A-Z Sports Academy, Inc., its officers and its agents, of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with the participation of my child or ward in such activity, and further agree to indemnify and hold Leg-A-Z Sports Academy, Inc., its officers and its agents harmless against any and or all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's fees and disbursements. I understand that this release and indemnity agreement includes any claims based on the negligence, action or inaction of any officers or agents of Leg-A-Z Sports Academy, Inc., and covers bodily injury (including death) and property damages, whether suffered by my child or ward, before, during, or after such participation. I declare that my child is physically fit and has the skill level required to participate in the activities of the Leg-A-Z Sports Academy, Inc. I further authorize medical treatment of my child or ward, at my cost, if the need arises.

Signature of Parent/Guardian: _____ Date: _____