



Midland Fusion Tryout Information Form

***Please complete and bring this form with you to the first day of tryouts**

Tryout Number _____ (to be completed at registration tables)

Player Name _____ Date of
Birth _____

Age Group _____ Previous
Team _____

Parent Name _____ Phone # _____

Alt Phone # _____
Email _____

Grade in the Fall _____

Are you requesting to Play up an age group? _____

Are you requesting to Play with grade? _____

If you have answered yes to either of the above, please fill out the correct portion of the form below and return at registration.

Request To Play-up in the MSC Select Program

I request that _____ be allowed to tryout for a Select team in the age bracket of U - _____.

The reason for this request is:

I understand and accept the following conditions:

1. This player if approved by the Select committee will tryout for a higher age bracket than their true age on the first day of tryouts. Upon which, the evaluators will determine if the player will qualify in the top 10 players and be selected for the Premier team of that age bracket.
2. If this player does not qualify in the top 10 players of this group, the player and parent will be notified by the Select committee (or the head evaluator of the group) and on the second day of tryouts the player will move to their true age bracket group to tryout for those teams.

Parent Signature: _____ Date: _____

Request to Play Up to the School Grade in the Select Program

I request that _____ be allowed to tryout for a Select team in the age bracket of U - _____ with the players in his/her school grade level.

Please enclose documentation as proof of school grade level (report card).

I understand and accept the following conditions:

1. This player will be allowed to tryout for a higher age bracket than their true age on the first day of tryouts. This is the age bracket of his/her class mates in school. Upon which, the evaluators will determine if the player's soccer level will qualify him/her to be in the Premier or MidMichigan teams of that age bracket.
2. If this player does not qualify in this age bracket to be in either of the two teams, the player and parent will be notified by the Select committee (or the head evaluator of the group) and on the second day of tryouts the player will move to their true age bracket group to tryout for those teams.

Parent Signature: _____ Date: _____