



AYSO Matrix – San Elijo Competitive Soccer Evaluations

Age	Boys	Check-in	Location
U10 Birthdate between 8/1/00-7/31/01	Wed - Feb 17th – 5:00 to 6:30pm Feb 20 th Callbacks* 10:00am-12:00	4:30 pm	San Elijo HillTop Field

Age	Girls	Check-in	Location
U11 Birthdate between 8/1/99-7/31/01	Wed - Feb 17th – 6:30 to 8:00pm Feb 20 th Callbacks* 10:00am-12:00	6:00 pm	San Elijo HillTop Field

*If necessary, Callbacks will be at San Elijo Elementary School.

Players need to be prepared to play soccer – please bring water and wear shin guards and cleats
Please plan on attending all evaluation dates for your age group

Parents must accompany all players and sign an insurance waiver form which can be downloaded from our website, www.sanelijoyso.org

We are pleased to have Mike Hovenic, director of the Mike Hovenic Soccer Camps and Matrix Coach Trainer, here to evaluate players and help conduct the evaluations.

AYSO Matrix is one of the largest soccer clubs playing in the Presidio Soccer League AYSO
Matrix plays all competitive teams, not just AYSO teams

Cost Comparison

	San Elijo Matrix	Other Clubs
Registration fee	\$425 – new player	\$900 +
Competitive Licensed Coach	Yes	Yes
All play at least half of every game	Yes	No guarantee
Soccer Bag & Jacket *	Yes	Not included
Registration Fee for one tournament	Yes	Not included
Outside Professional Training throughout season	Yes	Not included

For more information contact Wayne Marking at matrixdirector@sanelijoyso.org
Visit our website at www.sanelijoyso.org or www.aysomatrix.org



2010 MATRIX TRYOUTS PLAYER INFORMATION

(PLEASE PRINT)

PLAYER NAME

ADDRESS

CITY ZIP

TRY OUT # _____ B / G U- _____ LEAGUE USE ONLY
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PLAYER'S BIRTHDATE: _____

PARENTS NAME(S)

HOME PHONE CELL PHONE(S)

SOCCER EXPERIENCE

AYSO/REC (Yrs) AYSO REGION

MATRIX / OTHER CLUB (Yrs) MATRIX TEAM / CLUB

OTHER SEASONAL SPORTS

Do you play another seasonal sport? YES NO

If yes, what sport(s)? _____

(BASEBALL, SOFTBALL, BASKETBALL, INDOOR SOCCER?)

Matrix Teams travel and play in several weekend tournaments each year and play games on Sunday's. Are there specific days of the week/months or seasons that you cannot play Matrix (competitive) soccer?

List: _____

MEDICAL RELEASE FORM

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches and/or other AYSO officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I, the undersigned parent or legal guardian of the above player, a minor, acknowledge that participation in soccer involves risk of severe, permanent physical injury, and death. For myself, and on behalf of the above player, we willingly and voluntarily accept and assume all such risk. In consideration of permitting the voluntary participation of the above-named participant in this tryout program, for myself and on behalf of the above player, I hereby release, discharge and agree to hold harmless AYSO, its employees, volunteers, officials, sponsors, and other representatives from any and all claims, demands, costs, expenses, and compensation arising out of or in any way related to any injury or other damage that may result to said participant while participating in any AYSO sponsored event, including any physical or other injury caused by the negligence of any such person while performing his/her duties at any time.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK, AND WAIVER AND FULLY UNDERSTAND THE TERMS OF EACH. I UNDERSTAND THAT I AND THE ABOVE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE

Does your child have any disabilities, injuries, limitations, history of heart or respiratory conditions or other medical conditions? If so, list here _____

X _____
PARENT/GUARDIAN DATE