



PUERTO RICO ISLANDERS FC HARRISBURG CITY ISLANDERS

2010 OPEN TRYOUTS: *March 10 -11 in Orlando, Florida*

INFORMATION SHEET

The Puerto Rico Islanders FC will hold open tryouts for the 2010 season. The tryouts will be held March 10th – 11th. Players must be present for all sessions to be considered.

SCHEDULE and LOCATION

Wednesday, March 10 th	10:00am – 12:00pm	3:00pm – 5:00pm
Thursday, March 11 th	10:00am – 12:00pm	3:00pm – 5:00pm

Players need to arrive by **9am on March 10th to finalize their registration process at the **Sylvan Lake Park**.*

Tryouts will be held at: Sylvan Lake Park,
845 Lake Markham Road
Sanford, FL 32771

Sylvan Lake Park Phone Number: 407 322 6567

REGISTRATION

The registration fee to attend the Puerto Rico Islanders FC 2010 Player Combine is \$150. Head Coach, Colin Clarke, will be assessing players attending the tryouts. To attend the tryouts, you must fill out both, the **REGISTRATION FORM** and **WAIVER FORM**. These forms and payment must be received by **March 5th** via:

email: jsprislanders@aol.com
fax: Attention: Jack Stefanowski Fax #: 787 725 1339
postal mail: Puerto Rico Islanders FC, Attention: Jack Stefanowski
Juan Ramon Loubriel Stadium
1565 Carretera #2, Right Field Building
Bayamon, PR 00959

ACCOMODATIONS

All traveling players must secure their own accommodations, travel documents, and local transportation for the tryouts.

PAYMENT

Credit card or make money orders (NO CHECKS) payable to **PR Islanders FC** for **\$150.00 USD** (includes registration fee only). A \$75 minimum deposit is required to reserve a place in the tryouts. Any remaining balances can be paid in cash prior to the first session on March 10th.

CONTACT INFORMATION:

Direct any questions or concerns regarding the 2010 Puerto Rico Islanders FC tryouts to:
Jack Stefanowski at: cell: 917 676 0855, 787 646 4658 or email: jsprislanders@aol.com.



PUERTO RICO ISLANDERS FC

and

HARRISBURG CITY ISLANDERS

2010 OPEN TRYOUTS: *March 10 -11 in Orlando, Florida*

REGISTRATION FORM

PERSONAL DATA:

First Name: _____ Last Name: _____

DOB: _____ Age: _____ Height: _____ Weight: _____

Email: _____ Phone: (c) _____ (h) _____

Address: _____

City: _____ State: _____ Zip: _____

Are you a United States citizen? YES/ NO

If you are not a US citizen, do you have a Permanent Resident Card? YES/ NO

In case of emergency contact: Name: _____ Relation: _____

Phone Number: _____ Email Address: _____

MEDICAL HISTORY:

List any injuries/surgeries during career? *(date and type)*

List pertinent medical conditions *(diabetes, asthma, allergies)*

PLAYING EXPERIENCE:

Position: _____

Professional: *(include Team / Club / League Division / Years Played)*

Collegiate: *(include College Name / Division / Years Played)*

AGENT INFO

Name: _____ Phone Number _____ Email _____

PAYMENT:

Personal checks not accepted

Money Order: Payable to **PR Islanders FC** \$150 full amount \$75 deposit *(minimum to secure reservation)*

Credit Card: Visa MC AMEX

Credit Card Number: _____ *(\$150.00USD will be charged automatically)*

Name as appears on card: _____ Exp Date _____

Billing Address _____ Security Code _____

Player's Signature: _____ Date: _____



Puerto Rico Islanders FC
Harrisburg City Islanders



2010 Tryout Waiver and Release from Liability

Name: _____

Home Address: _____

Phone (H): _____ Cell: _____

E-Mail: _____

Age: _____ Date of Birth: _____

I certify that I desire to tryout as a player for the Puerto Rico Islanders FC and Harrisburg City Islanders professional soccer team, hereinafter "Team" hereinafter referred to as "Tryout."

I agree to the following on behalf of myself, my executors, administrators, heirs, next of kin successors and assigns:

- a) I WAIVE, RELEASE and DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from the "Tryout", the following persons or entities: The United States Soccer Federation (USSF), the United Soccer Leagues, the Team, the Team Owners, Sponsors, Players, Coaches, the Officers, Directors, Employees, Representatives and Agents of any of the above;
- b) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities I have waived, released or discharged herein; and
- c) I INDEMNIFY and HOLD HARMLESS the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions; and
- d) I acknowledge that the Puerto Rico Islanders FC and Harrisburg City Islanders carries no insurance for players participating in the Tryout and that I am free to seek individual insurance from an independent agent.

I HEREBY AFFIRM THAT I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENT, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Player's Signature: _____ Date: _____

Puerto Rico Islanders FC

Juan Ramon Loubriel Stadium 1565 Carr. #2, Right Field Bldg. Bayamon PR 00959

T (917)676-0855 / F (787) 725-1339