

# Mililani Middle School Soccer Team Tryouts

Yellow/Red/Blue: January 14, 15, 17, 18

Green Track and those who made first week cuts:  
January 22, 24, 25

Interested students need to pick up forms from the following:

Grade 8: Mr. Tittle

Grade 7: Mr. Anzai

Grade 6: Mr. Villanueva, Mr. Nishiki  
School Office

Forms also available in the office and at school blog  
([http://mmsblazersoccer.blogspot.com/  
2012/12/2013-soccer-tryout-dates-set.html](http://mmsblazersoccer.blogspot.com/2012/12/2013-soccer-tryout-dates-set.html))



Mililani Middle School Soccer  
Player Release Form  
Middle School Intramural Program

Dear Parents/Guardians,

Your son/daughter has signed up to try out for the Mililani Middle School soccer teams. Tryouts for all teams and tracks are listed below:

Yellow/Red/Blue Tracks: Jan. 14, 15, 17, 18

Green Track and players who made the first cut: January 22, 24, 25

All tryouts will run from 3:00 p.m. - 4:30 p.m. Students are required to wear shin guards and shoes, and bring water and a soccer ball.

Players that make it through the first tryouts must tryout with Green Track students when they return. Players that make it through the first tryout are not considered on the team until all the tracks have had the opportunity to tryout.

If your son/daughter does make the team, it is important to realize the time commitment involved. Players are expected to attend all practices, possibly every weekday, from 2:45 p.m. to 4:30 p.m., attend practices called during breaks between terms and attend games on Saturday morning in March, April, and May. Players must maintain a 2.0 grade point average with no "F" or "U" on grade checks/report cards. If a player does not meet the grade rule, he/she will be held out of games until games improve. If player continues to have trouble, release from the team might be in the best interest of the player.

During tryouts, coaches are looking for the following:

1. Ability- skill/talent/hustle/athleticism
2. Attitude
3. Ability for listen to instruction and follow them
4. Teamwork
5. Grades – Just because someone has poor grades doesn't mean they won't make the team!

Please fill out the forms that follow to the best of your ability. For safety purposes, **this information must be returned before your son/daughter can try out for the team.**

Thank You,  
MMS Soccer Coaches

**Mililani Middle School Soccer  
Player Release Form  
LOA Sports Program**

This must be completed legibly and signed in all areas needed by both the player and parent or guardian. By having this form signed, the participant affirms having read it. A copy of this form must be carried with the coach for all training and competitions.

Name \_\_\_\_\_  
Last First

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Parent or Guardian Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of Emergency, Contact Name \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group policy # \_\_\_\_\_

Does your policy cover sport related accidents? (circle one) Yes No

Participant, \_\_\_\_\_, has my permission to participate in try outs, training, competition, events, activities and travel sponsored by Mililani Middle School. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant name hereon is physically fit to engage in the activities.

Date \_\_\_\_\_

Student \_\_\_\_\_ Parent /Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

## Health Record

Immunizations (please state month and year)

Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ Measles(Rubella) \_\_\_\_\_

	Yes	No	Date	Please elaborate(especially on those conditions that might be aggravated)
<b>Allergies</b>				
<b>Asthma</b>				
<b>Conditional Problem</b>				
<b>Diabetes</b>				
<b>Epilepsy</b>				
<b>Heart</b>				
<b>Ankle Injuries</b>				
<b>Knee Injuries</b>				
<b>Back Injuries</b>				
<b>Head/Neck Injuries</b>				
<b>Shoulder Injuries</b>				
<b>Elbow Injuries</b>				
<b>Wrist Injuries</b>				
<b>Head Injuries</b>				
<b>Finger Injuries</b>				
<b>Other Injuries</b>				

Height \_\_\_\_\_ Weight \_\_\_\_\_

Is there any psychosocial or physical condition for which the participant is currently under professional care? No \_\_\_\_\_ Yes \_\_\_\_\_

Is the participant currently taking any medications? No \_\_\_\_\_ Yes \_\_\_\_\_

If so, please name the drug(s), dosage and frequency needed:

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Please elaborate on any other conditions we should be aware of:

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Please list and explain any injuries that the participant has suffered in the past two months:

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