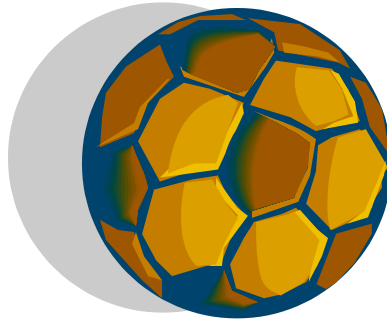


Mililani Middle School



Soccer Tryouts

Green/Blue/Yellow	Red
February 10, 13 and 14	February 21, 23, and 24

Interested students need to pick up forms from the following:

8th Grade Bldg-Mr. Tittle-G103

7th Grade Bldg-Mr. Anzai-F209

6th Grade Bldg-Mr. Villanueava-E209

P.E. Bldg-Ms. Hirata or Mr. Kuniyoshi –H Bldg

Front Office or Download from School Website

**Mililani Middle School Soccer
Player Release Form
LOA Sports 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 on the table below.

Green/Blue/Yellow	Red
February 10, 13 and 14	February 21, 23, and 24

**** For the players that make it through the first tryouts, they must tryout with Red 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 PM to 5:00 PM, 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

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)
Allergies				
Asthma				
Conditional Problem				
Diabetes				
Epilepsy				
Heart				
Ankle Injuries				
Knee Injuries				
Back Injuries				
Head/Neck Injuries				
Shoulder Injuries				
Elbow Injuries				
Wrist Injuries				
Head Injuries				
Finger Injuries				
Other Injuries				

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:

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

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