



Plot No: 10445S/D/7F Off Great East
Chainama
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+260-975-771711
hello@liyareelsportsagency.com
www.liyareelsportsagency.com

Athlete Management | Talent Identification |
Performance Analysis | Scouting | Sports Advisory

FUTURE STARS Soccer Try-Out Application Form Nov. 11-15, 2024

Participant Information:

- Full Name: _____
- Date of Birth (DD/MM/YYYY): _____

Position(s) Played:

- Goalkeeper Defender Midfielder Forward

Contact Information:

- Address: _____
- City: _____
- Phone Number: _____
- Email Address: _____

Emergency Contact:

- Full Name: _____
- Relationship: _____
- Phone Number: _____

Soccer Background:

- Previous Clubs/Teams _____
- Highest Level of Play (e.g., school, academy, club): _____
- Notable Achievements: _____
- Coaches' Contact (Optional): _____



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Medical Information:

- Do you have any medical conditions? Yes No
- If yes, please specify: _____
- Do you require any special medical attention or medications? ** Yes No
- If yes, please specify: _____

Parent/Guardian Consent (if under 18):

- Parent/Guardian Name: _____
- Phone Number: _____
- Email Address: _____

Waiver and Release:

I, the undersigned, acknowledge that participation in the try-outs involves inherent risks. I assume full responsibility for any injuries that may occur and release the organizers from any claims.

- Signature of Participant (or Parent/Guardian if under 18): _____
- Date: _____

NOTE: Participation will only be confirmed by payment. Contact the below numbers for payment information.



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