

Player Division: _____

Tryout Number: _____



REGION 9 EXTRA PROGRAM TRYOUT FORM

Player Name (First, Last): _____

Player's Date of Birth: _____ Player Age on 12/31/2018: _____

Division (Birth Year): _____ Gender (Circle One): Boy Girl

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Did player play soccer in AYSO during the Fall 2017 Season?: Yes / No If "Yes" what Region?: _____

If "No," where did player play soccer during the Fall 2017 Season? _____

AYSO is a volunteer organization. Families of selected players will be expected to volunteer during the season. Please indicate what volunteer position you are interested in.

Team Parent Referee Team Sponsor Field/Snack bar Other

Please indicate what AYSO Program your player is interested in playing in.

Extra Only Challenge Only Either Program

Comments: _____

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

What to Bring to Tryouts to Get Started:

1. Two completed and signed copies of this tryout form.
2. Fall 2017 AYSO Players – No tryout fee
3. Non-Fall 2017 Players - \$10 tryout fee to cover insurance costs

What to Bring to Tryout Practices:

1. Wear soccer practice kit (t-shirt, shorts, and soccer socks)
2. Shin guards (required), soccer cleats (strongly recommended), and ball (recommended)
3. Water and sunscreen

IMPORTANT – Please plan to attend all tryout dates if possible.