

Travel Tryout Registration Form (Please PRINT Clearly)

Player Name:	
Date Of Birth:	
Age Group / Gender::	
Tryout Number:	
Goal Keeper (y / n):	
Parent / Guardian:	
Street Address:	
Primary Phone Number:	
Email Address:	
Last Coach And Team Name:	
Years Playing Soccer:	
Medical Issues (i.e. Asthma):	
Comments:	

By signing and dating this registration form on the line below I (the parent / guardian) agree to the following terms:

- The player listed above is committed to playing for their team for both the Fall and Spring seasons.
- The player's Fall and Spring fees will be paid in full by July 1st.

