

REGISTRATION NUMBER:

SHENENTAHA SOCCER CLUB

Tryout Registration Form

Player's LAST Name: _____ FIRST Name: _____

Address: _____

City: _____ Zip Code: _____

DATE OF BIRTH: _____

SOCCKER EXPERIENCE:

Travel: number of years: _____ Name of Team(s): _____

Premier: number of years: _____ Name of Team(s): _____

SPECIAL REQUESTS/PREFERENCES: _____

SCHOOL ACTIVITIES & OTHER SPORTS (THAT MIGHT CONFLICT WITH SOCCER):

CONTACT INFORMATION:

Mother's name: _____ Phone number: _____

Father's name: _____ Phone number: _____

PARENT'S E-MAIL ADDRESS: _____

We, the parents/guardian of the child listed above, give permission to have him/her participate in tryouts for placement in the Shenentaha Soccer Club. We acknowledge that all coach's decisions are final.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____