



***SPRING 2009 Try-Out
Registration Form***

STUDENT'S NAME: _____ GRADE: _____

Trying out for goalie? (circle one) YES / NO / BOTH

Try-Out Number:

(NUMBER GIVEN AT TRY-OUTS)

Parents' Email Address(s): _____ @ _____
_____ @ _____

Father's Name: _____

Father's Cell Phone: () _____ - _____ Home Phone: () _____ - _____

Mother's Name: _____

Mother's Cell Phone: () _____ - _____ Home Phone: () _____ - _____

Playing Experience:

REC / CLUB TEAM WHICH YOU ALSO WILL BE PLAYING DURING SPRING 2009 SEASON:

Team Name Coach Primary Position

REC / CLUB TEAM WHICH YOU PLAYED WITH DURING FALL 2008 SEASON:

Team Name Coach Primary Position

Other sports or activities being played during Spring 2009 soccer season (possible conflicts?):