



**Select Tryout Registration Form  
2011/2012**

U-\_\_\_\_\_ Boy\_\_\_\_\_ Girl\_\_\_\_\_

Player's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ 2<sup>nd</sup> Number: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade in Fall 2011: \_\_\_\_\_

School Attending in Fall of 2011: \_\_\_\_\_

Name of Current Soccer Team: \_\_\_\_\_

Name of Current Soccer Coach: \_\_\_\_\_

Which Kicker Region? (i.e. WFB, Tosa, Germantown, etc.) \_\_\_\_\_

Medical Problems? (i.e. allergies, injuries) \_\_\_\_\_

\_\_\_\_\_

***For Office Use Only***

Date(s) of Tryout: \_\_\_\_\_

Offer given (date): Yes\_\_\_\_\_ No\_\_\_\_\_

Response (date): Accepted\_\_\_\_\_ Declined\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tryout Number:** \_\_\_\_\_