

## 2009-2010 GCYS DIV II TEAM TRYOUT FORM

### Personal (Please Print Clearly)

Name \_\_\_\_\_ M  F  Birth Date \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ \*E-mail \_\_\_\_\_

School \_\_\_\_\_ Grade (Fall 2009) \_\_\_\_\_

Father's name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Work Phone \_\_\_\_\_

Any Medical History or Comments that coaches/assessors should be aware of \_\_\_\_\_

\_\_\_\_\_

### Soccer Experience

Number of years playing \_\_\_\_\_

Played positions: GK  Defender  Midfielder  Forward

Current Club: \_\_\_\_\_ Team \_\_\_\_\_ U- \_\_\_\_\_ Div \_\_\_\_\_

Any other information that you feel coaches/assessors should know \_\_\_\_\_

\_\_\_\_\_

### Official Use Only

Player Tryout # \_\_\_\_\_ Age Group: Under- \_\_\_\_\_ Male  Female

Information \_\_\_\_\_

Team Assignment \_\_\_\_\_

Notified: YES  NO