

2010-2011 GCYS DIV II TEAM TRYOUT FORM

Personal Information

Name _____ M F Birth Date ___/___/___

Address _____ City _____ State _____ Zip Code _____

Home phone _____ Cell Phone _____

*****E-mail Address _____

School _____ Grade (Fall 2010) _____

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: GCYS Other _____ 2009 Team's Name _____

U-___ Recreational Div II Super II Div I Qua Div I

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