

2011-2012 GCYS DIV 1 & DIV 2 TRYOUT FORM

PLAYER INFORMATION

Name _____ Male ___ Female ___ Birthdate ____/____/____

Address _____ City _____ State _____ Zip code _____

Circle One: U10 U11 U12 U13 U14 U15 U16 U17 U18

**EMAIL _____

Father's name _____ Home/Cell Phone _____

Mother's name _____ Home/Cell Phone _____

Any medical history that coaches/assessors should be aware of _____

SOCCER EXPERIENCE

Number of years playing _____ Played positions: GK ___ Defender ___ Midfielder ___ Forward ___

Current club: GCYS ___ Other _____ 2010 Team's Name _____ U- _____

Recreational ___ Div 2 ___ Div 1 Qualifying ___ Div 1 ___

Any other information that you feel coaches/assessors should know _____

***There will be additional fees involved in playing competitive soccer with GCYS such as tournaments fees, trainer fees and all other soccer related fees. If you are unsure of what these are consult your coach or your child's team coach.

OFFICIAL USE ONLY

Player Tryout # _____ U11 U12 U13 U14 U15 U16 U17 U18

Information: _____

Team Assignment _____

Notified: Yes ___ No ___