



FC Grande Registration Form

FIRST NAME: _____ LAST NAME: _____ TRYOUT NUMBER: _____

DATE OF BIRTH (MM/DD/YYYY): _____ CITY: _____ STATE: _____

ZIP: _____ EMAIL: _____ PHONE NUMBER: _____

HEIGHT: _____ WEIGHT: _____ SCHOOL NAME: _____

CLUB TEAM: _____ YEARS OF PLAYING SOCCER: _____

1 st POSITION: _____ 2 nd POSITION: _____ 3 rd POSITION: _____ (GK, LB, CB, RB, CM, LM, RM, ST)

SOCCER EXPERIENCE:

PARENT/GUARDIAN INFORMATION (If you are older than eighteen, fill your own data)

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH (MM/DD/YYYY): _____

EMAIL: _____ PHONE NUMBER: _____

EMERGENCY CONTACT FULL NAME: _____ PHONE NUMBER: _____

EMAIL: _____ RELATION TO APPLICANT: _____