

Tryout Shirt # _____ for club use only)



**Denver United Futbol Club
Registration Form**

2019-2020 Season

Player's Name: _____ DOB: ____/____/____

Was the player born in the US? **YES / NO** If no, at what age did the player arrive in US? _____

Player's School: _____ 2019-20 yr School Grade: _____

Will the player be trying out for a school team? **YES / NO**

Summary of previous Soccer Experience (years, clubs, positions, etc): _____

Is the player trying out with another club for 2019-2020 season? **YES / NO**

If yes, which club: _____ What will drive your decision where to play?

Preferred Positions: _____

Does the player have goalie experience? **YES / NO**

What other sports or activities will the player participate in during the 2019-20 season that may impact their availability for practice, games and/or tournaments? Briefly Explain. _____

PARENT(S) CONTACT INFORMATION

Primary contact name: _____ Parent #2 name: _____

Player Address: _____ City: _____ Zip: _____

Primary contact cell #: _____ Add'l parent cell #: _____

Primary contact email: _____

Add'l parent email: _____

Player cell #: _____ Player email: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to player _____

Emergency Phone #: _____

What/Who brought you to Denver United (what interested you/your child in this club)? _____

Is there anything else we should know about your child? _____

PAYMENT RECEIVED: \$ _____ Check# _____ Cash _____