



PLAYER TRYOUT INFORMATIONAL FORM

PLAYER NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

MALE

FEMALE

DATE OF BIRTH: _____

MOTHERS NAME: _____ CELL PHONE #: _____

MOTHERS EMAIL ADDRESS: _____

FATHERS NAME: _____ CELL PHONE #: _____

FATHERS EMAIL ADDRESS: _____

SCHOOL PLAYER ATTENDS: _____ GRADE IN FALL: _____

SOCCER EXPERIENCE:

ARE THERE ANY PHYSICAL LIMITATIONS OR MEDICAL CONDITIONS WE SHOULD AWARE OF? IF YES, PLEASE LIST & EXPLAIN:

HOW DID YOU HEAR ABOUT ST CLAIR SHORES REIGN FC?

social media newspaper/flyer word of mouth

other: please list _____

DID A PLAYER REFER YOU?? IF YES, PLEASE LIST PLAYER/COACH NAME/TEAM