

Clifton Park Soccer Club

Tryout and Registration Form

Tryout #: _____

Player's Information

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

Town: _____ State: _____ Zip: _____

Phone #: _____ E-mail: _____

Male / Female Birthdate: _____ Age: _____ Grade: _____ School: _____

Player's Experience

Years Rec. Level Soccer: _____ # Years Travel Level Soccer: _____ Interested In Playing Goalie? Yes / No

Played For Which Club Last Year? Clifton Park Soccer Club / Other*: _____

Last Year Played: Under: 8 10 11 12 13 14 15 16 17 18 19 Level: Premier A B C D E

*If player has NOT previously played for the Clifton Park Soccer Club, then a copy of player's birth certificate is required.

Father's Information

Last Name: _____

First Name: _____ MI: _____

Phone#(Days): _____

Phone#(Eves): _____

E-mail: _____

Cell/Beeper #: _____

Can Help As: Head Coach Volunteer Coord.
 Asst. Coach Advertising Coord.
 Manager

Is the player's father aware of his volunteer commitment to the Clifton Park Soccer Club? Yes / No

Mother's Information

Last Name: _____

First Name: _____ MI: _____

Phone#(Days): _____

Phone#(Eves): _____

E-mail: _____

Cell/Beeper #: _____

Can Help As: Head Coach Volunteer Coord.
 Asst. Coach Advertising Coord.
 Manager

Is the player's mother aware of her volunteer commitment to the Clifton Park Soccer Club? Yes / No

Player's Medical Information

Doctor: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____ Relation: _____

Medical Insurance: _____ Policy #: _____

Medical Conditions/Allergies/Medications: _____

For Clifton Park Soccer Club Use Only

Under _____ Mixed / Boys / Girls USYSA Reg.#: _____ Jersey #: _____