



San Marino Soccer Club

Player Registration

TRYOUT NUMBER _____
AGE GROUP U - _____

PLAYER INFORMATION

Player's Name:		Date of Birth:	
Player's E-mail Address:		Age Group: U - <small>For Fall 2007-2008 Season</small>	
Name of most recent outdoor team you played with:			
Position(s) you played most often:		Favorite Position(s):	
Street Address:		Home Phone:	
City:	State:	Zip Code:	

PARENT INFORMATION

Father's Name:	Mother's Name:
Father's Cell Phone:	Mother's Cell Phone:
Father's E-mail:	Mother's E-mail:

UNIFORM SIZE

SHIRT:	___ ym	___ yl	___ yxl	___ small	___ med	___ large	___ xl
SHORT:	___ ym	___ yl	___ yxl	___ small	___ med	___ large	___ xl
SOCK:	___ Youth socks			___ Adult socks			

How did you hear about the San Marino Club Trvouts?	
<input type="checkbox"/> Car Flyer <input type="checkbox"/> Flyer at school <input type="checkbox"/> Website <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other _____	
Check the league(s) you played in last year. <input type="checkbox"/> Recreation League <input type="checkbox"/> MYSL <input type="checkbox"/> MSPSP <input type="checkbox"/> MRL-National League <input type="checkbox"/> Super Y	

COMMENTS:

Liability Waiver and Statement of Understanding

I, the Parent/Guardian of the registrant, will not hold any board members, officers, employees, sponsors, coaches or team coordinators responsible for any injury in connection with the San Marino Soccer Club.

Parent/Guardians Signature _____ Date _____