

# 2009 Gold Country United Tryouts Player Registration

Player Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of 7/31/09: \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Email: \_\_\_\_\_

---

**While we encourage teams to stay together over time, we also encourage each player to play at his/her highest level of potential. This could mean playing with a higher team in their Metro age bracket, or preferably, moving to a Class I team in their age bracket. To help ensure each player is placed appropriately, please answer these questions:**

Yes  No I'm a returning player to a Metro/Class I coach/team, Team/Coach Name \_\_\_\_\_

I prefer to try out with the above coach/team or with the following coach/team \_\_\_\_\_

**or**  I will tryout for any team in my age group

---

If new to Gold Country Metro/Class I, did player play for Gold Country Soccer last year? \_\_\_\_\_

List past teams and coaches: \_\_\_\_\_

---

What other activities is the player involved in that could impact summer practice & league play? \_\_\_\_\_

---

What positions is the player interested in trying out for? \_\_\_\_\_

---

As the parent or legal guardian of the above named player, I give permission to try out for Metro/Class I soccer with the Gold Country Youth Soccer League.

Signature of Parent/Guardian/Player over 18 years of age

Signature: \_\_\_\_\_