

2010 Gold Country United Tryouts Player Registration

Player Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Age as of 7/31/10: _____

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: _____