

**Tri-Village Soccer Association  
TRYOUT Application for  
Santos Futbol Club**

Accepted\_\_\_\_\_  
Rejected\_\_\_\_\_  
Declined\_\_\_\_\_

Tryout # \_\_\_\_\_ Night 1 \_\_\_\_\_ Night 2 \_\_\_\_\_

Age Group: U8/9, U10, U11, U12, U13, U14, U15, U16, U17, U18

**Player Information** (Please Circle) **NEW PLAYER** **RETURNING PLAYER**

**First Name:** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Address:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**School Attending** \_\_\_\_\_ **Grade in Fall** \_\_\_\_\_

**Gender:** Male Female **Birthdate:** \_\_\_\_\_

**Prior Soccer Experience:** \_\_\_\_\_ **Number of Years** \_\_\_\_\_  
(please circle most recent)

Santos, Kiwanis, OP, Champions (GOYSL), Other

St. Agatha, St Timothy, Other Catholic School,

**Parent/Guardian Information** *Please print clearly.*

*In a divorced situation, please indicate the legal Custodial Parent.*

**Father Information:**

Name: \_\_\_\_\_ Home # : \_\_\_\_\_ Cell#: \_\_\_\_\_

Email address \_\_\_\_\_

**Mother Information:**

Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address \_\_\_\_\_

**Medical Information for TRYOUTS**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(please list a non-parent, We will attempt to contact the Father and /or Mother first)

**Phone Number(s) where we can reach you this weekend:**

1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_