Tri-Village Soccer Association
Tryout Application for
Santos Futbol Club

Accepted_____
Rejected_____
Declined_____

Tryout # _____ Night 1_____ Night 2_____

Age Groups by Birth Year, Please circle:

2009/2008 2007 2006 2005 2004 2003 2002 2001 2000 1999 1998 1997

Player Information: **New Player_____** **Returning player_____**

First Name:_____Last Name_____

Address:_____City_____zip code_____

School Attending in Fall:_____ Male_____Female_____

Do you play any other sports during the fall_____spring_____
Do any of these sports require travel?_____Can you commit to both seasons? Yes/No
Will soccer take precedence over your other sport commitments? Yes/No

Prior Soccer Experience; Please circle and write # of years:
Santos_____ Kiwanis _____ OP _____ Crew _____ Other:_____
St. Agatha_____ St. Timothy_____ St. Andrews _____

PARENT/GUARDIAN INFORMATION: PLEASE PRINT LEGIBLY OR NOTIFICATION COULD BE DELAYED. LEGAL CUSTODIAL PARENT, PLEASE COMPLETE.

FATHER INFORMATION:

FATHER_____HOME #_____CELL_____

EMAIL ADDRESS:_____

MOTHER INFORMATION:

MOTHER_____HOME #_____CELL_____

EMAIL ADDRESS:_____

EMERGENCY CONTACT:_____PHONE_____
PLEASE LIST NON-PARENT EMERGENCY CONTACT. WE WILL ATTEMPT TO CONTACT FATHER/MOTHER FIRST

PLAYERS WILL BE CONTACTED VIA EMAIL , BY THE SUNDAY FOLLOWING TRYOUTS:

EMAIL_____Phone 1_____Phone 2_____
EMAIL_____
PARENT SIGNATURE_____ DATE_____