



Tryouts

Spring Select

&

EXTRA Make-up – All Ages

Sunday November 3, 2013 Check in Time for *all Players*: 8:00 am

Tryouts begin at 9am

Please complete the "Player Information Sheet", print and bring a copy with you.

AB Brown Soccer Complex

If you currently attended an EXTRA tryout, you do not need to tryout again.

Please bring your child, an age appropriate ball, and water.

For additional information on the above or any of our other programs please check out <u>www.ayso47.org</u>



Region 47 EXTRA[™] Program

PREREQUISITES FOR SUBMITTING an APPLICATION TO PLAY

- Must be willing to make AYSO soccer the priority non-school activity if selected
- In order to satisfy this commitment AYSO soccer, players may not be enrolled and participate in other non-AYSO soccer programs during the EXTRA™ Program season

APPLICANT'S INFORMATION

	Full Name:					
	Date of Birth:					
	Player's Best Position:	Favorite Position:				
	Best Family Phone #:	Other Phone #:				
PA	PARENT/GUARDIAN INFORMATION					
A.	Parent's Name:					
	Address:					
	Cell Phone Number:	Email Address:				
	Volunteer Position Last Season:					
В.	Parent's Name:					
	Address:	_				
	Cell Phone Number:	Email Address:				
	Volunteer Position Last Season:					

FAMILY ACKNOWLEDGEMENT

I understand and acknowledge that EXTRA[™] is a competitive soccer program and that playing in the EXTRA[™] program requires a significant commitment of time of effort. Players are expected to attend practice, attend games that may be played on Saturdays or Sundays, and support and cooperate with teammates and coaches. Parents must be willing to support their player's commitment to the program, to pay the EXTRA[™] team and Region 47 fees and to accept a volunteer responsibility within the AYSO Program.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

Do have an interest in playing on a Select team if you are not placed on an Extra Team? _____

WHAT DO I NEED TO BRING TO TRYOUTS?"

- One fully completed copy of this Player Application
- Soccer cleats, shin guards and drinking water

Jersev	Number
001309	NULLING

For Staff Use Only Division _____

Date of Tryout

Gender _____



Region 47 SELCT™ Program PLAYER APPLICATION

PREREQUISITES FOR SUBMITTING an APPLICATION TO PLAY

- Must be willing to make AYSO soccer the priority non-school activity if selected
- In order to satisfy this commitment AYSO soccer, players may not be enrolled and participate in other non-AYSO soccer programs during the Select Program season

APPLICANT'S INFORMATION

	Full Name:			
	Date of Birth:			
	Player's Best Position:	Favorite Position:		
	Best Family Phone #:	Other Phone #:		
PARENT/GUARDIAN INFORMATION				
A.	Parent's Name:			
	Address:			
	Cell Phone Number:	Email Address:		
	Volunteer Position Last Season:			
В.	Parent's Name:			
	Address:			
	Cell Phone Number:	Email Address:		
	Volunteer Position Last Season:			

FAMILY ACKNOWLEDGEMENT

I understand and acknowledge that Select is a competitive soccer program and that playing in the Select program requires a significant commitment of time of effort. Players are expected to attend practice, attend games that may be played on Saturdays or Sundays, and support and cooperate with teammates and coaches. Parents must be willing to support their player's commitment to the program, to pay the Select team and Region 47 fees and to accept a volunteer responsibility within the AYSO Program.

Parent/Guardian Name (PRINT): ________

Parent/Guardian Signature: _____ Date: _____

"WHAT DO I NEED TO BRING TO TRYOUTS?"

- One fully completed copy of this Player Application
- Soccer cleats, shin guards and drinking water

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	For Staff Use Only	
Jersey Number	Division	
Date of Tryout	Gender	