

SCHUYLKILL COUNTY YOUTH SOCCER ASSOCIATION
Travel Program Player Candidate Application

PLAYER FULL NAME: _____

DOB: _____ SSN: _____ GENDER: MALE FEMALE

ADDRESS: _____

CITY, ZIP CODE: _____

PHONE: _____ EMAIL: _____

TEAM TRYING OUT FOR: U-09 ____ U-10 ____ U-11 ____
 U-12 ____ U-13 ____ U-14 ____
 U-15 ____ U-16 ____ U-17 ____
 U-19 ____ BOY ____ GIRL ____

POSITION TRYING OUT FOR: 1st _____ 2nd _____

Previous Travel Team Playing Experience:

<u>YEAR:</u>	<u>TEAM:</u>	<u>COACHING STAFF:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FALL TEAM/AGE: _____ COACH: _____

PARENT/GUARDIAN: _____

ADDRESS, CITY, ZIP: _____

PHONE: _____ EMAIL: _____

MEDICAL PROBLEMS: _____

All areas **MUST be completed or application will be returned.*