



Tryout Registration Form 2009

Tryout #: _____ Age Group: U- _____ Boys Girls (Please Circle)
Players Name: _____ Date of Birth: _____
Street Address: _____ City: _____
Zip Code: _____ Home Phone: _____ Cell #: _____
Email: _____
(Please Print)

For U14 players, do you plan on playing for your high school this year? YES or NO (Circle one)

Siblings that are either currently playing or are now trying out for the Extreme:

Name: _____ Age Group: U- _____
Name: _____ Age Group: U- _____
Name: _____ Age Group: U- _____

On what team/league did you play for this past year? _____ Age: _____

Please check one: Rec League [] MYSL [] MSPSL [] GLSL [] WSSL [] Other []

How did you hear about CW3 Tryouts? Flyer [] Michigan Soccer Magazine []
Word of Mouth [] Website [] Other [] _____

Parent/Guardian Information - If Identical to player, write "SAME"

Father: _____ Mother: _____
Street Address: _____ Street Address: _____
City: _____ Zip: _____ City: _____ Zip: _____
Home #: _____ Cell #: _____ Home #: _____ Cell #: _____

_____ Has my permission to tryout for CW3 Extreme.
Print Player's Name

Parent/Guardian Signature

Date

