



Try out Registration Form

*Note: Please Print Neatly and Legibly. Fill out completely or N/A as applicable

Try out # _____ (to be issued at try outs)

Participant/Players Name _____ Birthdate _____ U- _____

Gender (Check One) Male _____ Female _____

Street Address _____ City _____ Zip _____

Home Phone# _____ Cell Phone# _____ Email _____

Previous Club Experience _____ School Attending _____

Medical Conditions/Allergies _____

Father's Name _____

Home Phone# _____ Bus.Phone# _____ Cell Phone# _____

Email Address _____

Mother's Name _____

Home Phone# _____ Bus.Phone# _____ Cell Phone# _____

Email Address _____

Legal Guardian's Name _____

Home Phone# _____ Bus.Phone# _____ Cell Phone# _____

Email Address _____

By our signature below, we acknowledge and certify that we are the parents/legal guardians of the participant/player listed here in. Further we (players, parents and legal guardians) agree to abide by the rules, regulations, policies, code of conduct and decisions of the Dexter Soccer Club. We certify that the information provided is complete and accurate.

Date _____

Signature of Parent/Legal Guardian

Print Name