

ALBANY SOCCER CLUB REGISTRATION FORM



TRYOUT/SIGN UP DATES

Saturday, September 22, 2007 at Albany High School

U8: 12:30 - 2:00

U10 & U12: 1:45 - 3:15

U14 & Up: 3:00 - 4:30

Sunday, September 30, 2007 at Hoffman Park

U8 & U10: 12:30 - 2:00

U12: 1:45 - 3:15

U14 & Up: 3:00 - 4:30

Bring this completed form to tryouts!

CIRCLE AGE GROUP:

U8 8/1/99 - 7/31/02

U10 8/1/97 - 7/31/99

U12 8/1/95 - 7/31/97

U14 8/1/93 - 7/31/95

U16 8/1/91 - 7/31/93

U17 8/1/90 - 7/31/91

PLAYER INFORMATION

Player Name _____ Date of Birth _____ Sex: ___M___F

Address _____ City, Zip _____

Home Phone _____ Cell _____ Family Email _____

School _____ Grade 07/08 _____

PARENT/GUARDIAN INFORMATION

Player lives with: both parents ___ mother ___ father ___ other: _____

1. Name _____ Relationship _____

Address _____ City, Zip _____

Home Phone _____ Cell _____ Email _____

2. Name _____ Relationship _____

Address _____ City, Zip _____

Home Phone _____ Cell _____ Email _____

Parent/Guardian Signature

Date

*The Albany Soccer Club is a non profit, youth-oriented **VOLUNTEER ORGANIZATION!** Parents and families are relied upon for the club to function. Please help. WE NEED YOU!*

OFFICE USE

Paid \$ _____

Date Received: _____

Ck #: _____

U _____ Age/Division