Print Form

AYSO EXTRA PROGRAM
Player Application - Fall Season 2012-2013

This form must be completed in full before player can participate in tryouts.

Player Information:

Player Name:_____ Boy___ Girl___

Player Home Address:_____

Player Age (as of 7/31/12):_____Birth date: _____ Height:_____Weight:_____

Years Playing Soccer:_____ Years in AYSO: ____

Years Playing AYSO Post Season:_____ All Stars____ Extra_____ Tournament_____

Years Playing Club Soccer: _____ Years in Sports: Football_____ Baseball_____
Basketball ____Other (list):_____

Strongest Soccer Position: _____Next Strongest Position:_____

Goalkeeping experience: Yes _____No _____

Primary Foot: Left___ Right____

Previous Coach Names:_____

Can commit to play through League Cup in January: yes___ no___

Can commit to play after League Cup through June: yes ___ no___

Other activities you plan to participate in while playing Extra:_____

Do you have any problem attending at least 2 practices during the week? _____

On average, how many practices did you miss **per month** last year? 0__1-2___ 3-4___ 5+__n/a___

Please provide an honest appraisal of player's qualities in soccer. Complete section with the player:

	Weakest				Strongest
Speed	1___	2___	3___	4___	5_____
Aggression	1___	2___	3___	4___	5_____
Endurance	1___	2___	3___	4___	5_____
Skill	1___	2___	3___	4___	5_____
Agility	1___	2___	3___	4___	5_____
Teamwork	1___	2___	3___	4___	5_____

Please list any relevant medical or physical conditions:_____

If you are coming from a different region/club team, please list the region/club name, coach and their phone and email :_____
_____

Are you interested in carpooling for practices and or games?_____

Parent Information: Father/Mother/Partner

Father's Name:_____ Father's Cell:_____

Father Address:_____

Father's email:_____

Father's Volunteer Position(s) Last Season: _____Hours Volunteered:__

Coach? Yes___ No___ Assistant____Certification Level:_____

Referee? Yes___ No___ Interested___ Certification Level:_____

Additional volunteer experience_____

Mother's Name:_____Mother's Cell:_____

Mother's Address:_____

Mother's email: _____

Mother's Volunteer Position(s) Last Season: _____Hours Volunteered:__

Coach? Yes ___ No__ Assistant____ Certification Level:_____

Referee? Yes___ No___Interested____Certification Level:_____

Additional volunteer experience:_____

Please complete, print and bring this form with you to try-outs

Please sign up for try-outs at ayso58 website under "extra program" tab. Arrive ½ hour before your try-out begins. If you are late to try-outs, you may lose your spot. If you were not a registered Region 58 player in the 2011 season, bring $5 cash to cover registration fees.