



SkoMor Soccer Club

Tryout Application



CLUB USE ONLY

Age Group

U8	U12	U16
U9	U13	U17
U10	U14	U19
U11	U15	Adult

Tryout Number

PLAYER INFORMATION

First Name: _____ Last Name: _____ Sex: M F
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Birthdate (mm/dd/yyyy): _____
 Current Grade: _____ School: _____

- Yes No Are you currently playing for Skomor?
 Yes No Do you have a sibling playing or trying out for Skomor?
 Yes No Will you have a fall or spring sport or activity which may interfere with soccer practices or games? If yes, how do you plan to resolve those conflicts? _____

PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____
 Relationship to player: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____

MEDICAL INFORMATION

Yes No Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical conditions?

If Yes, please specify _____

Parent/Guardian Signature: _____ Date: _____



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