



Tsunami
Competitive Team
Tryout Form
2009-2010 Season

tsunamisoccer.org

Player First Name:		MI:	
Player Last Name:		Sex:	M F
Address:			
City:		Zip:	
Home Phone:	()	Cell:	()
Parents' Names:			
E-mail (primary):			
Date of Birth:		Age (on 8/1/09):	
What team(s) are you trying out for: Circle all that apply	Coed U9 U10 U11 U12 U13 U14 U15 U16 U17	Girls U14 U15 U16 U17	
Club Last Played For:		Age Group:	
Was last team Comp or Rec	Competitive Recreational	(please circle one)	
Total # of Years Playing (at any level):			
Are you trying out for other clubs? (optional)	Y N	If yes, what club(s):	
Additional Training:	Y N	If yes, Trainer Name:	
Rate Your Child:(1-5) where 5= High, 3 = Average, and 1 is Still Developing			
Technical Skills:		Athleticism:	
Uniform and Practice T-shirt info (circle one)			
T-Shirt Size:	YS YM YL XS S M L XL		
Jersey Size:	YS YM YL YXL S M L XL (womens sizes): S M L XL		
Shorts Size:	YS YM YL YXL S M L XL (womens sizes): S M L XL		
Socks:	Youth Adult		
Desired number (list 3)	(Subject to Availability) 1 st , 2 nd , 3 rd :		
Comments to the Coach:			

Parent's Signature: _____

Date: _____