



Sandwich Soccer Club



One copy for every player expected to attend.

PLAYER CHECK-IN FORM

Registration #: _____ TO BE FILLED IN ON TRYOUT DAY
(This number must correspond to the number you wear during the tryout procedure).

Player Name:

Date of Birth:

Parents' Names:

Address:

Email Address:

Phone No:

Which Age Group are you trying out for? U- _____

Are you interested in trying out for goalkeeper? Yes No

What one or two field positions do you favor most?

Which team did you play for last season?

Do you play MAPLE?

Are you involved with any activities that might conflict with practices or games? If so, please explain.

Players: Do not fill out this portion of the form

Comments:

_____ Yes _____ No
Coaches check off for final team selection