Grosse Pointe Soccer Association
Registration for Travel Team Try Outs
Fall 2011 / Spring 2012 Season

Color_____ Number_____

Player Information

Circle One: U-8 U-9 U-10 U-11 U-12 U-13
U-14 U-15 U-16 U-17 U-18 U-19

Name:_____ School:_____

Address:_____ City_____ Zip_____

Birthdate:___ / ___ / _____ (Mo / Day / Year) Phone: (_____) _____ (Area Code) Cell: (_____) _____ (Area Code)

E-mail Address:_____ Position Played:_____

Previous Soccer Experience:_____

Rank favorite position or the position you would like to play, using 1 to 4 scale with 1 being the highest and 4 being the lowest (*Note:* Players will most likely play multiple positions over time depending on game circumstances.)

Striker____ Midfield____ Defense____ Keeper____

Parents Only

Parents' Names:_____

Yes, I am willing to help as an assistant coach____, team manager____, or other____

If yes, previous soccer experience (if any):_____

Where did you hear about our tryouts? (Please circle all that apply)

Mailing/Word of mouth/Other/Newspaper Ad (please specify which one) _____

Did you read the GPSA Travel Soccer Information sheet? Yes____ No____

If your son/daughter is selected, will the family accept the commitment expectations and potential expenses?

(GPSA offers a scholarship program for those families with a financial need. Please speak to your coach privately).

YES____ No____ Signature_____

Tryout dates from June 18 – June 19, 2011 Form last updated 6-1-11