

# 2010-2011 Tryout Application

Please print legibly and supply complete information as of Fall 2010

Carefully Legibly Complete and Sign

Age Group: \_\_\_\_\_ Fall 2010

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ PA \_\_\_\_\_ Zip \_\_\_\_\_

Birth (Mm/DD/YY) \_\_\_\_\_ Social Security # \_\_\_\_\_ Gender \_\_\_\_\_

Parents \_\_\_\_\_ School \_\_\_\_\_ Grade: \_\_\_\_\_

Mother

Father

Player

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work \_\_\_\_\_

E-Mail \_\_\_\_\_

Team

Position

Years

Coach

Classic/Premier \_\_\_\_\_

Travel \_\_\_\_\_

In-House \_\_\_\_\_

High/Mid School \_\_\_\_\_

ALL players must play within their proper Age group.

How did you hear about STM Soccer and this Try-Out:  
\_\_\_\_\_

Are there any physical limitations (allergies, asthma, etc.)?  
\_\_\_\_\_

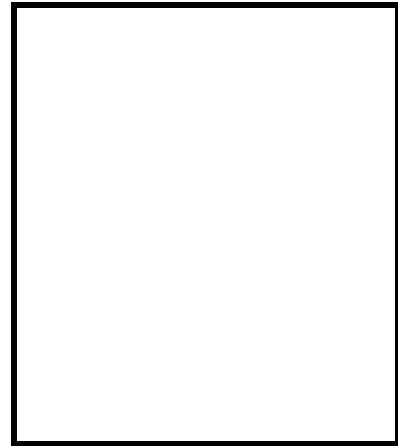
Has your child had Impact (Baseline) testing?  
\_\_\_\_\_

Player Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



Please provide a school type photo of your child It will be stapled above at tryout - do NOT paste

**--- STM Use Only ---**

Date	Bib #	Return	Fee	Notes
_____	_____	_____	\$0.00	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____