



Hotspurs Soccer Club Player Tryout Form

*Please complete and return this form
before or during the tryout session.*

Date: _____ Vest Color/Number _____
(Please Leave Blank!)

Player Name: _____

Team Trying Out For: _____

Player Date of Birth (mm/dd/yyyy): ____/____/____ Player Sex: M F

Player Address: _____
Street

_____ City State Zip

Player Telephone: _____

Parent Volunteer - I am interested in volunteering for the following activities:

Club Admin. Referee Team Manager Asst Coach Fund-Raising

I hereby give permission for my child to participate in the Hotspurs Soccer Club Tryout dated above. I understand that the purpose of this Tryout is to evaluate my child's soccer skills in order to determine which team, if any, he or she will qualify for with the Hotspurs Soccer Club for the _____ season.

I testify that this player is not rostered with any other classic team for the season indicated.

PRINT Parent's Name: _____

Parent's Signature: _____ Date: _____

New Player Registration Details *(new players only)*

Mother Name: _____

Mother Work/Cell Phone: _____

Mother Email Address: _____

Father Name: _____

Father Work/Cell Phone: _____

Father Email Address: _____