



**2010-2011
Thunder Soccer Club
Tryout Application***



Gender

- Boys Girls

Age Group

- | | | |
|--|--|--|
| <input type="checkbox"/> 8/1/02-7/31/03 (U-8) | <input type="checkbox"/> 8/1/01-7/31/00 (U-9) | <input type="checkbox"/> 8/1/00-7/31/01 (U-10) |
| <input type="checkbox"/> 8/1/99-7/31/00 (U-11) | <input type="checkbox"/> 8/1/98-7/31/99 (U-12) | <input type="checkbox"/> 8/1/97-7/31/98 (U-13) |
| <input type="checkbox"/> 8/1/96-7/31/97 (U-14) | <input type="checkbox"/> 8/1/95-7/31/96 (U-15) | <input type="checkbox"/> 8/1/94-7/31/95 (U-16) |
| <input type="checkbox"/> 8/1/93-7/31/94 (U-17) | <input type="checkbox"/> 8/1/92-7/31/93 (U-18) | <input type="checkbox"/> 8/1/91-7/31/92 (U-19) |

Player's date of birth (month-date-year) _____

Player's last name _____ **Jr., etc.** _____

First Name _____ **Middle name/initial** _____

Street Address

City _____ **County** _____

State _____ **Zip** _____

Home Phone _____ **Cell** _____

E-mail address _____

Other Club Experience _____

Primary position (check only one)

- Goalkeeper
- Defender (includes sweeper, stopper, fullback)
- Midfielder (includes center-mid and wing)
- Forward (includes striker)

Uniform size in adult sizes (check only one)

- Small Large
- Medium X-Large

I/we waive all liability (medical and/or other) against the MSYSA and all TSC staff members.

_____ **Date** _____
Parent Name Printed

Parent Signature

How did you find out about TSC tryouts? (check only one)

- Newspaper Flyers Referral (friend) Website

* This form is NOT a replacement for the Online Registration. All Thunder Soccer Club Players should register with the Online Registration form www.thundersoccerclub.org.