



Springfield Area Soccer Association

Springfield, IL

www.sasasoccer.org

Tryout Registration Form/Player Profile

Position

- Forward
- Midfield
- Back
- Keeper

Indicate 1st & 2nd choice

Player Information

Player Name _____ Birth date _____

Player Address _____ City _____ Zip _____

Home Phone _____ Gender M or F

of Years Played in Rec League _____ # of Years Played Competitively _____

Previous Competitive Team(s) _____

Parent Information

Mother's: Name _____ E-mail _____

Mother's Phone: Home _____ Work _____ Cell _____

Father's: Name _____ E-mail _____

Father's Phone: Home _____ Work _____ Cell _____

Please provide any additional comments pertinent to team placement:

I understand that when I make this commitment, my child will be expected to attend practices and games. I also understand that SASA is a volunteer organization and I will be asked to volunteer some time (primarily concession or field maintenance) to benefit the organization.

Parental signature _____ Date _____

Shirt size (circle) YL AS AM AL Shirt # _____

\$10 Tryout Fee: Payment Cash Check# _____