



MACON SOCCER CLUB

ACADEMY AND SELECT TRYOUT REGISTRATION FORM

PLAYER'S NAME _____ GENDER _____ BIRTHDATE _____

STREET ADDRESS _____ CITY _____ ZIP CODE _____

HOME PHONE _____

MOTHER'S NAME _____ MOTHER'S CELL PHONE # _____

FATHER'S NAME _____ FATHER'S CELL PHONE # _____

E-MAIL ADDRESS 1 _____

E-MAIL ADDRESS 2 _____

YOUNGEST AGE GROUP ELIGIBILITY FOR 2010-2011 SEASON _____

IF THE ABOVE LISTED PLAYER WISHES TO TRYOUT FOR AN OLDER AGE GROUP THAN THE ONE HE/SHE IS ELIGIBLE FOR, PLEASE CONTACT ADRIAN JUAREZ (Director of Coaching) ASAP AT 478-952-7284 FOR AUTHORIZATION