



Vermilion County Soccer Club
VCSC

Fall 2017 & Spring 2018 Tryout Application Form

<u>Tryout assigned #</u>

Please select the appropriate box:

Youth 8-14(Fall 2017 & Spring 2018) **OR** HS Girls (Fall 2017) **OR** HS Boys (Spring 2018)

(Please PRINT)

1. Player's Information:

First Name:		Middle Initial:	Last Name:	
Date Of Birth: (MM/DD/YY) ____/____/____ (MM/DD/YY)		Age:		
Address:		City:	Zip:	
Home phone # () -	Player's Cell # (if any) () -	Player's Email Address: _____		
Jersey Size: <input type="text"/>	Shorts Size: <input type="text"/>	Available sizes: YS, YM, YL, AS, AM, AL, AXL		
Medical Concerns:				

2. Family Information: (Please PRINT)

Parent / Guardian

Parent / Guardian

First & Last Name _____	First & Last Name: _____
Cell #: () -	Cell #: () -
Family Email:(if different than above) _____	Family Email: (if different than above) _____

Tryout Results will be posted on the website www.DanvilleSoccer.org