



# SOCCER ORGANIZATION OF CHARLOTTEVILLE-ALBEMARLE

## TRYOUT PRE-REGISTRATION & INFORMATION FORM

### 1. Player Data:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
*(Legal First Name Required) (Legal Last Name Required)*

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age Group (see Reference Guide) \_\_\_\_\_  
*U19 Players may be selected to the U18 teams at the discretion of the coaches, but are ineligible for State Cup and some tournament play.*

**Program in which you are seeking placement (check one):** \_\_\_\_\_ Lightning/Storm \_\_\_\_\_ Express \_\_\_\_\_ Challenge

**If Challenge selected above,** are you committing for (check one): \_\_\_\_\_ Full Year (Fall/Spring) \_\_\_\_\_ Fall Season Only

**International Clearance Information:** Has this player ever lived outside the US? \_\_\_ Yes \_\_\_ No > ***if yes, select one below:***  
 \_\_\_ Yes, returned/entered the US at age 11 or younger \_\_\_ Yes, returned/entered the US at age 12-16 and has USSF approved waiver form.  
 \_\_\_ Yes, returned/entered the US at age 12-16 and does not have USSF approved waiver form. \_\_\_ Yes, returned/entered US at age 17 or older

***If you answered yes above and the player is 12 years or older:*** Have you signed a contract with a Professional team \_\_\_ Yes \_\_\_ No  
 Have you received any money or other remuneration for playing \_\_\_ Yes \_\_\_ No

### 2. Player Contact Information:

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone / Other # \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Work Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Work Phone # \_\_\_\_\_

### 3. Important School Information:

Public elementary school district in which you reside: \_\_\_\_\_  
 (Example: Greenbrier, Venable, Broadus Wood, Meriwether Lewis)

School attending this coming Fall \_\_\_\_\_

### 4. Current Team Information:

Most Recent Level of Play (check one): Lightning/Storm \_\_\_\_\_ Express \_\_\_\_\_ Challenge \_\_\_\_\_ Recreational \_\_\_\_\_  
 Other (Please specify) \_\_\_\_\_

Most Recent Team \_\_\_\_\_ Most Recent Coach \_\_\_\_\_

Preferred Position \_\_\_\_\_ Do You Play Goalkeeper? Yes \_\_\_ No \_\_\_

### 5. Signature Required:

**I understand that by participating in this tryout and submitting this registration form, I indicate my intention to participate on a SOCA team if selected and understand that Lightning, Storm & Express selections and acceptances are Full year.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of Player and/or Parent/Guardian Date of Receipt**

Age Group Reference Guide 2009-2010 Season Lightning, Storm & Express		Age Group Reference Guide 2009-2010 Season CHALLENGE ONLY	
U11	8/1/98 – 7/31/99	U10	8/1/99 – 7/31/01
U12	8/1/97 – 7/31/98	U12	8/1/97 – 7/31/99
U13	8/1/96 – 7/31/97		
U14	8/1/95 – 7/31/96	U14	8/1/95 – 7/31/97
U15	8/1/94 – 7/31/95		
U16	8/1/93 – 7/31/94		
U17	8/1/92 – 7/31/93		
U18	8/1/91 – 7/31/92		
U19	8/1/90 – 7/31/91		