



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 _____ Metro _____ 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 2010-2011 Season Lightning, Storm & Express		Age Group Reference Guide 2010-2011 Season CHALLENGE ONLY	
U11	8/1/99 – 7/31/00	U10	8/1/00 – 7/31/02
U12	8/1/98 – 7/31/99	U12	8/1/98 – 7/31/00
U13	8/1/97 – 7/31/98		
U14	8/1/96 – 7/31/97	U14	8/1/96 – 7/31/98
U15	8/1/95 – 7/31/96		
U16	8/1/94 – 7/31/95		
U17	8/1/93 – 7/31/94		
U18	8/1/92 – 7/31/93		
U19	8/1/91 – 7/31/92		