



# 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 only      \_\_\_\_ Spring 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 2011-2012 Season Lightning, Storm & Express		Age Group Reference Guide 2011-2012 Season CHALLENGE ONLY	
U11	8/1/00 – 7/31/01	U10	8/1/01 – 7/31/03
U12	8/1/99 – 7/31/00	U12	8/1/99 – 7/31/01
U13	8/1/98 – 7/31/99		
U14	8/1/97 – 7/31/98	U14	8/1/97 – 7/31/99
U15	8/1/96 – 7/31/97		
U16	8/1/95 – 7/31/96		
U17	8/1/94 – 7/31/95		
U18	8/1/93 – 7/31/94		
U19	8/1/92 – 7/31/93		