

White House Soccer Club Tryout Information

Players name: _____

Date of Birth: _____ Team Trying out for _____

Address: _____

City: _____

School: _____

Father's name: _____

Mother's name: _____

Email address : _____

Best Contact Phone Number : _____

Years of soccer: _____ Years of select soccer : _____

Are you aware that all parents are required to volunteer their time? _____

Are you aware that select soccer is Competitive? _____

Do you understand you must meet your financial commitment to play? _____

Are you aware that there is not equal playing time? _____

Are you aware that the coach of the team you choose will make all decisions for the team (i.e. playing time, player positions, guest playing , practice schedule)? _____

Players Signature : _____ Date _____

Parent/Legal Guardian Signature _____ Date _____