

Home School Athletic Association

www.HSAA.org

High School Soccer – Boys / Girls 2010-2011 Soccer Tryout Form

Athlete Name: _____

Fall 2010 Grade Classification (high school): 9th 10th 11th 12th

Birthdate (MM/DD/YY): _____ Age: _____ Sex: _____

Parents' Names: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Player Cell Phone: _____

Player E-mail: _____

Parents' Cell: _____

Parents' E-mail: _____

Co-op Attending _____

Co-op School Days _____ Times _____

Community College Attending _____

of Hours (Fall 2010) _____ # of Hours (Spring 2011) _____

Questions:

Years you have played the sport (public school, private school, recreational, or club) team?
(Years, Team Name, & Level) _____

Positions played: _____

Position I am best at: _____

My strongest soccer skill is: _____

Skill I want to improve most in 2010 is: _____

I may have scheduled classes that do not end before 4:30 in the afternoon.

Yes _____ No _____ Please detail: _____

I am a senior and would like to make the team even if it means not having much playing time. (Circle One) Yes No

