Santa Rosa United

P.O. Box 12154 • Santa Rosa, CA 95406 • (707) 541-7627 • www.srunited.com
Office: 3539 Sweetgum St., Santa Rosa, CA 95403 • email: administrator@srunited.com

SRU Academy 09 and U10 Tryout Registration Form

Player's Name: _____
Last First Middle Initial

Gender: _____ Date of Birth: _____ Home Phone: _____

Address: _____
Number and Street City Zip Code

Father's Cell: _____ Mother's Cell: _____

Father's e-mail Address: _____

Mother's e-mail Address: _____

School Attending this Fall: _____ Grade: _____
Last Club Name of Last
Team Affiliation_____ Year's Coach_____

Position where player feels more comfortable: _____

List activities (other sports, vacations, etc.) that would preclude player from weekday afternoon practices and weekend games April through November and list dates/times of unavailability.

_____

_____

***********************SIGNATURE SECTION**************************

List any prescription medication (s): _____

SIGNED: _____ Today's Date: _____
Parent/Guardian
Enter initials on this line to acknowledge and accept on-line (soft) signature: _____

Send paper (hard) registration forms to P.O. Box 12154 – Santa Rosa, CA - 95406