

SANTA ROSA UNITED

U-- _____ **SIGN-UP**
(Birthday Aug. 1, 19__ to July 31, 19__)

PLAYER INFORMATION SHEET

Name: _____
Last First Middle Initial

Date of Birth: _____ **County of Birth** _____

Address: _____
Number & Street City Zip Code

Phone: _____
Home Father—work/cell Mother—work/cell

Email address (s) : _____
Father Mother

School Attending *this Fall*: _____ **Grade** _____

Last Club/Team Affiliation: _____ **Name of Last Year's Coach:** _____

Positions you have played: (indicate Left, Right, or Center positions with L, R, or C.)
Goalkeeper _____ Sweeper _____ Back _____ Midfielder _____ Forward _____ Wing _____

Position you feel you play *best*: _____

Position you are *unwilling* to play: _____

List other activities (other sports, vacations, etc.) that would preclude you from weekday afternoon practices and weekend games June 1 through March 30, and dates/times of unavailability:

List any physical issues or limitations we should be aware of:

List any prescription medication(s): _____

Are you willing and available to travel to out-of-state tournaments if your player's team is selected to participate? Yes No (circle one)

SIGNED: _____ **Today's Date:** _____
Parent/Guardian

