

# Sierra Soccer Club

## Player Information Sheet

**Players! Please have your parents help you fill out this sheet!**

  
  
  


TRYOUT Dates

Name:		Age and Birthday:		Address:	
Phone Number:		Parents eMail:		Parents Names:	
<p>Soccer Experience: (Enter number of years)</p> <p>_____ Recreational</p> <p>_____ Select</p> <p>_____ Competitive</p> <p>What team did you play for last year?</p>	<p>Favorite Position: (Pick two)</p> <p><input type="checkbox"/> Goalie</p> <p><input type="checkbox"/> Forward</p> <p><input type="checkbox"/> Midfield</p> <p><input type="checkbox"/> Defense</p> <p><input type="checkbox"/> Stopper</p> <p><input type="checkbox"/> Sweeper</p> <p><input type="checkbox"/> Striker</p>	<p>Least Favorite Position: (Pick two)</p> <p><input type="checkbox"/> Goalie</p> <p><input type="checkbox"/> Forward</p> <p><input type="checkbox"/> Midfield</p> <p><input type="checkbox"/> Defense</p> <p><input type="checkbox"/> Stopper</p> <p><input type="checkbox"/> Sweeper</p> <p><input type="checkbox"/> Striker</p>	<p>Can you attend 3 practices a week? (Two weekday practices and Saturday)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p>Will you be unable to attend practice for longer than 2 weeks? (Summer camp, vacation, etc.)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Can you play on Saturday?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p> <p>Can you play on Sundays?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes</p>	<p>How far will you be able to travel for tournaments?</p> <p><input type="checkbox"/> 0-10 miles</p> <p><input type="checkbox"/> 10-50 miles</p> <p><input type="checkbox"/> 50-100 miles</p> <p><input type="checkbox"/> Any distance</p>
<p>Are you planning to participate in any organized sports or other activities during the soccer season?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		<p>List any other sports or activities involved in.</p> <p>Player Number: <b>#</b></p>		<p>Are you trying out for any other team?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Will Sierra be your first choice?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	