



United Select Soccer Assoc. Player Information Form

Team: U8 U9 U10 U11 U12 U13 U__ Season/Group: Fall Indoor 1 Indoor 2 Spring

Date: _____

Player Information

Player Name (First, MI, Last)		SS# (For NISL Registration)
Date of Birth	Shirt Size YS, YM, AS, AM, AL, AXL	No. Preference - Primary
Parents Names	Shorts Size YS, YM, AS, AM, AL, AXL	No. Preference - Secondary
Address		
Home Phone	Work Phone	Father:
Cell Phone	Email Address	
Mother:	Father:	

Soccer Experience

Recreation Experience (i.e. MYSA)

Recreation Seasons Played (i.e. MYSA)

Club Experience

Club Name

Seasons Played

Primary Positions Played

Soccer Seasons

Please indicate the seasons interested in playing.

Fall (Aug-Nov) Winter 1 (Nov-Jan) Winter 2 (Jan-April) Spring (April-June)

Other Information

1. Have either parent had any experience in coaching soccer? Yes No
2. If yes, how much experience? _____
3. Would either parent be interested in any of the following volunteer opportunities?

<input type="checkbox"/> Coach	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Team Administrator
<input type="checkbox"/> Fundraising Committee	<input type="checkbox"/> Special Events	<input type="checkbox"/> Field Maintenance

Additional Comments
