



Sandwich Soccer Club



PLAYER CHECK-IN FORM

TRYOUT DATE & TIME: _____

Registration #: _____ (TO BE FILLED IN ON TRYOUT DAY)
(This number must correspond to the number you wear during tryout)

Player Name:

Date of Birth:

Parents' Names:

Address:

Email Address(s):

Phone:

For *which Grade Group* are you trying out ?

GRADE _____

For which team/coach did you play last season?

Are you involved with any activities that might conflict with practices or games? If so, please explain.

Players: Do not fill out this portion of the form

Comments: