

**Spindletop Youth Soccer Association
2010 Fall Competitive Tryout Application**

Contact Information

Player's Name: _____

Birth Date: _____
Month Day Year

Street Address: _____

Age: _____ as of **July 31, 2010**

City: _____

Zip: _____

Gender

Male
Female

Mother: _____

Father: _____

Home Phone: _____

Mom's Cell Phone: _____

Dad's Cell Phone: _____

Mom's Email: _____

Dad's Email: _____

Contact Preference: _____

Preferences

Club Preference: (Check all that apply)

BYSC OCYSC
GCYSC SSSC
HCYSC SBYSC

Play Up: **Age Level:** _____
D1
S2
D2

Would you/your child be interested in playing games in the Houston area? **Yes - Maybe - No**

Team or Coach Preference: _____

Playing Experience

Seasons played: _____

Play Level: D1
 S2
 D2
 Rec

Last Club: _____

Last Coach/Team: _____

BYSC: Beaumont Youth Soccer Club
GCYSC: Gulf Coast Youth Soccer Club
HCYSC: Hardin County Youth Soccer Club

OCSYC: Orange County Youth Soccer Club
SSSC: Spindletop Select Soccer Club
SBYSC: Sea Breeze Youth Soccer Club