



Age Group: _____

Tryout # : _____

Season: _____

Club Use Only

MICHIGAN LEGACY FC TRYOUT PLAYER

Player Name (print) : _____

Date of Birth: _____ Age: _____ Gender: _____

U-19 Players bom 8/1/92 - 7/31/93	U-13 Players bom 8/1/98 - 7/31/99
U-18 Players bom 8/1/93 - 7/31/94	U-12 Players bom 8/1/99 - 7/31/00
U-17 Players bom 8/1/94 - 7/31/95	U-11 Players bom 8/1/00 - 7/31/01
U-16 Players bom 8/1/95 - 7/31/96	U-10 Players bom 8/1/01 - 7/31/02
U-15 Players bom 8/1/96 - 7/31/97	U-09 Players bom 8/1/02 - 7/31/03
U-14 Players bom 8/1/97 - 7/31/98	U-08 Players bom 8/1/03 - 7/31/04

Returning Player: Y/N If Yes, what Team/Coach: _____

If not returning player last Club/Team: _____

What Position's do you play: _____

How did you hear about the Soccer Club: _____

Parent Name(s) (print): _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

Email Address : _____

Please complete and return to registration table