



SYNERGY FC __U-__ Try-Out Registration Form

Player Name: _____ Penny # _____

Address: _____

Email Address: _____

Phone(s): _____

Parent's Names: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Medical Insurance _____ Policy ID _____

List any medical problem(s) we should be aware of: _____

Date of Birth: _____ School: _____

Current Team: _____

How did you hear about us? _____

PARENTAL SUPPORT

Check areas in which you would be willing to help

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Field Preparation | <input type="checkbox"/> Board Member | <input type="checkbox"/> Equipment | <input type="checkbox"/> Club Sponsorship |
| <input type="checkbox"/> Travel Coordinator | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Publicity | <input type="checkbox"/> Phone Tree |
| <input type="checkbox"/> Team Sponsorship | <input type="checkbox"/> Team Treasurer | <input type="checkbox"/> Statistics | <input type="checkbox"/> Other |
| <input type="checkbox"/> Team Manager | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Filming | _____ |