

Tsunami Competitive Team Tryout Form

Players First Name:			
Players Last Name:			
Address:			
City:		Zip:	
Phone:	()		
Cell:	()		
Parents' Names:			
E-mail:			
Players Date of Birth:		Age (on 8/1/07):	
Are you a FYSA register Player?:		If no, Please see coaching staff	
Did you Play in MBSC in the Fall?:		If no, where did you play:	
Are you registered to play with MBSC for Spring 08?:		If no, Please see coaching staff	
Was last team Comp or Rec?:	Competitive	Recreational	(please circle one)
Last Age Group Played:			
# of Seasons Played:			
Additional Training:	Y	N	If yes, Trainer Name:
Rate Your Child:	Athleticism (1-5) where 5= very athletic, 3 = average, and 1 is still developing		
	Skills (1-5) where 5 = very skilled, 3 = average, and 1 is still developing		
Physical Limitations? (e.g. asthma, injury):			

NON-MBSC REGISTERED PLAYERS	If you played outside of MBSC in the Fall 07 then you must complete the section below		
	In order to participate in these open tryouts for MBSC, Please have your current coach sign and date below indicating and signifying to MBSC that you have made them aware of your participation in this tryout and that you have your current team's permission to participate		
	Signature of Current Coach or Club Official: (by signing I <u>acknowledge and allow</u> this player to participate in the MBSC open tryouts)	Signature	Date
		Printed Name	Club

Additional Comments for the evaluation Staff:	
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