



#

(tryout number)

Boys _____ or Girls _____ U-____
 Date _____, __, 20____
 Date _____, __, 20____

NCHU Player Registration Form

Player	Parent(s)/Guardian(s)
Name	
Street Address	
Town, State, Zip	
Phone #	
Alternate Phone#	
E-mail Address	
Date of Birth	
School in Fall	
Years Playing Travel Soccer	
Most Recent Club & Team	

	Yes	No	Comments
Request to play up in Age group form filed?	<input type="checkbox"/>	<input type="checkbox"/>	
Player attending more than one NCHU age group tryout?	<input type="checkbox"/>	<input type="checkbox"/>	
Any medical issues you wish NCHU to be aware of?	<input type="checkbox"/>	<input type="checkbox"/>	