Warriors Soccer Club

Try-out Registration Form

Indoor/Outdoor

Please Print Clearly

20 _____

Player's Name: _____

Player's Birth Date: _____/_____/_____

Year Month Day

Address: _____ _____ _____

Street City Postal Code

Phone:_____ Cell: _____

Email: _____

Which Zone do you live in? (Please circle one)

West SW SE MW North Sp Grove Other: _____

Have you registered on the emsasoccerportal.com ? ☐ yes ☐ no

What Community do you live in? _____

Previous team: _____

Where did you play before Warriors? _____

Signed: _____Date:_____

Parent/Guardian: _____

(Please print)

Parent/Guardian signature acknowledges that all information provided on this form is correct.