



## Atlanta Silverbacks Amateur Club Fall 2012 Tryout Registration Form

Player Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Soccer Background

High School: Yes\_\_\_ No\_\_\_

College: Yes\_\_\_ No\_\_\_

If so, what level of college soccer? \_\_\_\_\_

Amateur: Yes\_\_\_ No\_\_\_

Team name: \_\_\_\_\_

League: \_\_\_\_\_

### Professional Status

Have you ever been a professional player: \_\_\_\_\_

If yes, what year: \_\_\_\_\_

Have you been reinstated to amateur player status: \_\_\_\_\_

### Preferred Level of Play (check all that apply)

I would like to play in ADASL

D---1\_\_\_

D---2\_\_\_

D---3\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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For Office Use: PLAYER #