



## 2018-2019 TRYOUT REGISTRATION FORM

**This form must be downloaded, completed and sent prior to tryouts to: MKSC, 7101 W. Good Hope Road, Milwaukee, WI 53223, Attn: Tryouts; or brought to the tryout along with the \$25 tryout fee. For the purpose of reviewing players post-tryout, an onsite photo is required and will be taken at check-in.**

TRYING OUT FOR? U \_\_\_\_\_ GIRLS \_\_\_\_\_ BOYS \_\_\_\_\_ TRYOUT # DAY 1 \_\_\_\_\_ DAY 2 \_\_\_\_\_

PLAYER NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME PHONE # \_\_\_\_/\_\_\_\_/\_\_\_\_ CELL PHONE # \_\_\_\_/\_\_\_\_/\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

POSITION TRYING OUT FOR? GOALKEEPER \_\_\_\_\_ DEFENDER \_\_\_\_\_ MIDFIELD \_\_\_\_\_ FORWARD \_\_\_\_\_

NAME OF CURRENT CLUB AND TEAM? \_\_\_\_\_

ARE YOU REGISTERED WITH THE MILWAUKEE KICKERS FOR THE 2017/2018 SEASON? YES \_\_\_\_\_ NO \_\_\_\_\_

WHICH KICKERS REGION? (INFC, TOSA, GERMANTOWN, ETC) \_\_\_\_\_

MEDICAL PROBLEMS? (I.E. ALLERGIES, INJURIES) \_\_\_\_\_

### OFFICE USE ONLY

DATE OFFER MADE \_\_\_\_/\_\_\_\_/\_\_\_\_ ACCEPTED? YES \_\_\_\_\_ NO \_\_\_\_\_

OFFER MADE FOR MKSC ACADEMY U \_\_\_\_\_ BOYS \_\_\_\_\_ GIRLS \_\_\_\_\_ LOCATION \_\_\_\_\_

KICKERS REGISTRATION COMPLETED \_\_\_\_\_

PLAYER/FAMILY CONTACTED BY \_\_\_\_\_ WHEN \_\_\_\_\_

SPOKE TO \_\_\_\_\_ LEFT MESSAGE \_\_\_\_\_

TRYOUT NUMBER \_\_\_\_\_