



Bayonne Youth Soccer Association TRYOUT REGISTRATION FORM

Please complete and bring this form to the tryout

Internal Use Only
Pinnie #

Which team are you trying out for?
Age (circle one) 2011 2010 2009 2008 2007 2006 2005 2004 2003
Gender (circle one) Boys Girls

LAST NAME:		FIRST NAME:	
STREET ADDRESS:		BIRTHDATE:	
CITY:	STATE:	ZIP CODE:	

PARENT/GUARDIAN NAME: _____ CELL PHONE: _____

HOME PHONE: _____ EMAIL: _____

MEDICAL INFO (known allergies, etc.): _____

Player's Soccer Experience: _____ Goalkeeper: (Circle One) Y N

The Bayonne Youth Soccer Association participates in the "NJ Youth Soccer Association" group insurance that is secondary to all other coverage. I give permission for my child (name) _____ to participate in tryouts for BYSA travel soccer. Parent/Guardian Signature: _____ Date: _____