



2008 D.C. UNITED YOUTH TEAMS

2008 D.C. United Youth Teams Registration Form

Player's Name _____

Age _____ Date of Birth _____ Nationality _____

Home Address _____

Apt# _____ City _____ State _____ Zip _____

Home Phone _____ Email _____

Parent/Guardian

Additional Parent/Guardian

First Name _____ First Name _____

Last Name _____ Last Name _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Email #1 _____ Email #1 _____

Email #2 _____ Email #2 _____

Age Group

Girls

Boys

(circle one)

U14

U15

U-13

U-14

U-16

U-20

Tryout location _____ Date _____

Current Club Team _____ Coach _____

Current School (Middle School, High School, College, etc.) _____

School team 1st Team (Varsity) 2nd Team (JV) Position GK D M F

Have you ever played on D.C. United's Youth Team? Yes No Age Group _____ Year _____

Have you ever played on another Super Y-League team? Yes No

Super Y-League Team Name _____ Year Played _____

Please list any accomplishments or awards _____

Please list any coaches we may contact:

Coach's Name _____ Phone _____

Club Name _____ Email _____