



[www.nfsc.ca](http://www.nfsc.ca)  
 3800 Springdale Ave. Niagara Falls, ON. L2J 4J3. (905) 374-4040  
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**2012 TRAVEL SOCCER TRYOUT FORM**

*All fields of form are mandatory!!*

Player Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Email: \_\_\_\_\_

What age division/league is the player trying out for?

NRGSL (VIXENS): U8 U9 U10 U11 U12 U13 U14 U15 U16 U17

NYSL (TITANS): U8 U9 U10 U11 U12 U13 U14 U15 U16 U17

SRSL(TITANS): U11 U12 U13 U14 U15 U16 U17

Has the player played rep (travel) soccer previously? YES NO

If yes, what Club/Team? \_\_\_\_\_

If yes, how many years? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*all applicants will be contacted by coaches for tryout dates/times\*\***  
**\*ALL PLAYERS WILL RECEIVE A MINIMUM OF THREE TRYOUTS\***

*A \$50.00 tryout fee must accompany the application form and will be deducted from registration with NFSC.  
 Leaving NFSC no monies shall be refunded.  
 Methods of payment: cash, credit or debit only*

**ADMINISTRATIVE USE ONLY:**

MOP: \_\_\_\_cash \_\_\_\_debit \_\_\_\_credit card

Payment taken by: \_\_\_\_\_ - Date: \_\_\_\_\_



**ACADEMY PROGRAM**  
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