



# New Jersey Youth Soccer

569 Abbington Dr, Suite 5  
East Windsor, NJ 08520



## 2010-2011 OLYMPIC DEVELOPMENT PROGRAM Players Born in 1994, 1995, 1996, 1997 and 1998 Only

Please Print Clearly

<b>NJ County:</b>		<b>Date of Birth</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>
<b>Player's Full Name:</b> (first, mi, last)				<b>Gender</b> (circle one)	<b>M</b> <b>F</b>
<b>Address:</b>					
<b>City:</b>		<b>NJ</b>	<b>Zip:</b>		
<b>Home Phone :</b> (   )			<b>Email:</b>		
<b>Club:</b>			<b>Position:</b> Field Player   Goal Keeper (circle one)		
<b>Shirt Size:</b> YL   AS   AM   AL   AXL			<b>Short Size:</b> YL   AS   AM   AL   AXL		
<b>Player's Signature:</b>				<b>Date:</b>	
<b><u>Players may not wear their team or club jersey, shorts or socks to the ODP tryouts</u></b>					
<b>Parent Approval</b>					
As the parent and/or guardian of the above named child, I hereby give my permission for him to tryout for the NJYS Olympic Development Program.					
_____			_____		
Date			Parent/Guardian Signature		
<b>Tryout Fee: \$30.00</b>					
<b>Payment:</b> Check                      Money Order                      Credit Card					
<b>Credit Card Number</b> (Visa or MasterCard Only): _____					
<b>Name on Credit Card:</b> _____				<b>Expiration Date:</b> _____	
<b>I authorize New Jersey Youth Soccer to charge the tryout fee of \$30 to my credit card listed above</b>					
Signed: _____			Date: _____		
<b>Please complete this entire form and mail with your payment to the above address.</b>					
<b>NJYS Use only:</b> Tryout Number: _____					