

Player Information  
(Please print clearly)

Try-Out Number \_\_\_\_\_ (Will be given at try-out)

Player Name \_\_\_\_\_

Phone Number \_\_\_\_\_ (Alt Phone) \_\_\_\_\_

Player Email Address \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact/Relation to player \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Please list any medical conditions (injuries, medical needs, disabilities etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PCC does not provide medical coverage. It is strongly recommended that students have medical coverage and a recent physical exam before participating in this soccer try-out. Do you understand this? X \_\_\_\_\_ (Initial Here)**

What HS did you play for? \_\_\_\_\_ HS Graduation Year \_\_\_\_\_

Name of HS coach \_\_\_\_\_ HS GPA \_\_\_\_\_

Did you play Club Soccer? If yes what club and name of coach. \_\_\_\_\_

What position do you usually play? \_\_\_\_\_

What is your predominant foot? \_\_\_\_\_

Have you played soccer for any other college? If yes what college \_\_\_\_\_

Are you a current student at PCC? \_\_\_\_\_

***If you were to become a player on the PCC NWAC soccer team, you will have to register and maintain 12 credits during the fall season, and are expected to complete 36 credits and maintain a 2.0 GPA in order to return to play a second season for PCC. If you do not complete 36 credits for the second season, you will be ineligible to participate in your second year. Do you understand this NWAC eligibility rule? X \_\_\_\_\_ (Initial Here)***

Please sign here \_\_\_\_\_ Date \_\_\_\_\_

(If under 18) Parent Print Name Here \_\_\_\_\_

Parent Signature Here \_\_\_\_\_