Soccer Team Registration - 7-a-Side

- All soccer team athletes must have participated in the Soccer Team Skills Assessment Test
- Each team is required to provide a team skills assessment score on this form. Team size is max 12, min 7.
- Athletes may enter soccer team or soccer skills but not both
- Make sure the form is filled out completely.

Training Club:_____

Team Name:_____

Team Total
The sum of your skills assessment scores – top 7 players
Team Average
The sum divided by 7

Team Total:_____

Average:_____

ATHLETES' NAME		DATE OF BIRTH	GENDER	COVID-19 VAX?
LAST	*FIRST*	*MM/DD/YR*	*M OR F*	*Y OR N*

****PLEASE FILL OUT THIS FORM COMPLETELY. IF THE INFORMATION IS NOT PROVIDED, THE ATHLETE(S) MAY BE SCRATCHED.**

Soccer Skills Registration

- Each athlete is required to have a qualifying score listed on this form
- Qualifying score = sum of scores for: dribbling, shooting, and run and kick
- Athletes may enter team or skills, but not both

ATHLETES' NAME		DATE OF BIRTH	GENDER	WHEELCHAIR?	QUALIFYING	COVID-19 VAX?
LAST	*FIRST*	*MM/DD/YR*	*M OR F*	*Y OR N*	*SCORE*	*Y or N*

COACH & SUPPORT STAFF INFORMATION:		DATE OF BIRTH:	GENDER:	COVID-19 VACCINE
LAST NAME	*FIRST NAME*	*MM/DD/YYYY*	*M OR F*	*Y OR N*
THIS FORM MUST BE FILLED OUT COMPLETELY. INCOMPLETE FORMS WILL NOT BE ACCEPTED.				

ON NEXT PAGE, PLEASE LIST ANY ATHLETES YOU HAVE TRAINING IN THIS SPORT BUT NOT COMPETING TODAY. THIS WILL ALLOW US TO HAVE YOUR FULL ROSTER FOR THE SEASON. THANK YOU!

ATHLETES TRAINING THIS SEASON BUT NOT COMPETING

ATHLETES TRAINING BUT NOT COMPETING IN EVENT		DATE OF BIRTH	GENDER:	COVID-19 VACCINE
LAST NAME	*FIRST NAME*	*MM/DD/YYYY*	*M OR F*	*Y OR N*

ATHLETES TRAINING THIS SEASON BUT NOT COMPETING

ATHLETES TRAINING BUT NOT COMPETING IN EVENT		DATE OF BIRTH	GENDER:	COVID-19 VACCINE *Y OR N*
LAST NAME	*FIRST NAME*	*MM/DD/YYYY*	*M OR F*	