



West Virginia Soccer Association - Olympic Development Program
Registration Form: 1993, 1994, 1995, 1996, 1997 Age Groups

Last Name _____ First Name _____

Date of Birth _____ (if new player, please attach a copy of birth certificate) M _____ F _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Father's Name _____ Cell Phone _____

Email ___(if different than above)_____

Mother's Name _____ Cell Phone _____

Email ___(if different than above)_____

Primary Position You Play (FW, MD, DF, GK) _____

School _____ Club Soccer Team _____

High School Graduation Date _____ GPA _____

T-Shirt Size: (Adult) S M L XL Shorts Size: (Adult) S M L XL

I, _____(parent/guardian) grant WVSA ODP permission to share my information with State, Regional, and/or National coaches affiliated with US Youth Soccer for the purposes of identification and advancement in the sport of soccer.

Please mail this form (and check if not paying on-line) to WVSA c/o Tina Mascaro, 108 Gilbob Street, Fairmont, WV 26554, fax to 304-366-2203, or bring with you to tryouts. If an out of state player, please attach your permission to participate form.

Tryout # _____ On-line _____ Check # _____ Date _____