

## Player Interview/Parent & Player Agreement



(Please fill out and turn into registration table while registering for Extra Tryouts)

1. Player/Participant Name: \_\_\_\_\_
2. Extra Team -Trying out for: (Gender/Division) U
3. Age \_\_\_\_\_ Player Birthdate: \_\_\_\_\_ Number of years playing soccer: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Parent(s)/Guardian(s) Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent(s)/Guardian(s) Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_
6. Favorite Position: \_\_\_\_\_
7. Dominant foot: **Right/Left** (circle)
8. Would you like to be considered as a Goalkeeper? **Yes/No** (circle)
9. List other fall/spring activities that you participate in: \_\_\_\_\_
10. Will you be gone for long periods of time? **Yes/No** (circle)  
Please list if applicable: \_\_\_\_\_
11. Do you have any planned vacations from August through mid January? **Yes/No**  
Please list if applicable: \_\_\_\_\_
12. Will you give a 100% commitment to the Extra Team if you are selected? **Yes/No**
13. Are there **any** conflicts or other commitments (may include extra-curricular school activities, clubs, music, sports, etc.) that may prevent you from giving 100% commitment to the team you are trying out for should you be selected?**Yes/No**  
Please list \_\_\_\_\_
14. Are one/both **parent(s)**/Guardian of try-out participant a certified AYSO **referee**?  
**Yes/No** (circle)
15. If (yes) Certified referee please provide name(s) and certification level(s) below  
Name \_\_\_\_\_ Certification Level \_\_\_\_\_  
Name \_\_\_\_\_ Certification Level \_\_\_\_\_
16. Is **try-out participant** currently an AYSO certified **referee**? **Yes/No** (circle)  
If yes: Certification Level \_\_\_\_\_
17. If **No** to #14 or #16 - Is parent(s) and/or participate committed to becoming a certified referee prior to beginning of season? **Yes/No** (circle)  
**Only parent or player sign below if committed to becoming a certified referee.**  
Should, participant be selected to the Extra team:  
I/we \_\_\_\_\_ Parent(s) and/or Player  
is/are *committed to becoming a certified referee.*  
Parent's signature \_\_\_\_\_ / Player's signature \_\_\_\_\_
18. Please list any medical condition or special need your son/daughter has:

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## **REQUIREMENTS FOR PARTICIPATION IN THE FLEX EXTRA PROGRAM**

Please carefully read and sign if you wish to participate in the AYSO Region 56 EXTRA Soccer Program

I understand that the Extra program is a special program outside of the Core program and that no players or coaches are entitled to participate in this program. Rather it is a privilege to participate in this special program.

I understand individual regions may have their own additional requirements for coaches and/or players to qualify to be considered for this special program.

I am aware of the time commitment and financial obligations of the Extra program.

I understand the Extra program is a **self supporting program**.

A **self supporting team** will have 3 or more **active referees** who are certified at the player's age divisions or higher that the player is playing in.

I understand that **participants must registered with AYSO Region 56** in order to try out for any Extra team. By signing below, I am confirming I will register as soon as Fall Registration begins.

I understand that as part of the tryout process an interview is required and that this form serves as such. Therefore, **this form must be completed and signed in order for my child to qualify to tryout** and be considered to participate on an Extra team.

I understand even though tryouts may be held in my son/daughter's division, there is **no guarantee** an Extra team will be formed in any division.

I am aware of the potential Sunday game time commitment.

I understand that no parent or guardian of a tryout participant (head coach excluded) may participate in the tryouts or evaluation process, which includes any Assistant coach. \*If a parent is asked to help with the sign in's out of necessity, in no case shall a parent instruct or otherwise provide information regarding the actual evaluation process or aid in or give direction regarding how players are rated or selected. Any parent/guardian helping shall only do so to the extent they are helping to sign in participants, distribute pennies and direct participants to the area they are to report. **\*I understand non compliance may disqualify my child from this program.**

I understand any player that is selected for an Extra team: May only play ½ of every game, may **not** tryout or play in the All-Star program and & may be selected to play a particular position.

I understand that if I am selected for an Extra team: I agree to play the position the coach asks me to play.

I understand there may be one or more tournaments that an Extra team may apply to participate in. Any participation in tournaments is an additional cost to each player/family and is not apart of the Registration Fees for Extra teams.

I/we are in support of participating in one or more tournaments.

I/we understand that playing in the Extra program typically involves more travel than in the Fall Core Program.

I understand that **no player** shall be enrolled or participate in other, AYSO or NON-AYSO or CLUB Soccer programs during the EXTRA play season (August-December).

Placing/playing an ineligible player on a team may result in the expulsion of the player, coach, and/or the entire team from the EXTRA Program, or such other disciplinary action as deemed appropriate in accordance with the AYSO due process procedure.

**All participants and parents/guardians of participants have been made fully aware of this and hereby agree to accept sanctions including removal of their child from the Extra program or other sanctions due to non compliance of this rule/guideline.** I/we understand that non-compliance may jeopardize a team, whereas any team using an ineligible player will forfeit all games in which this player participates.

I understand that I am not guaranteed a position on a Region 56 Extra Team.

Guidelines, process and procedures are subject to change as deemed appropriate by AYSO Region 56, Area K and/or Section 11.

**I understand that by signing below I/we acknowledge and agree to all of the above.**

**Player Signature:** \_\_\_\_\_

**Parent(s)/Guardian(s) Signatures:** \_\_\_\_\_

**Parent(s)/Guardian(s) Signatures:** \_\_\_\_\_

**Date:** \_\_\_\_\_