



OLYMPIC DEVELOPMENT PROGRAM 2005-06

PLAYER TRYOUT INFORMATION

For Players born in 1992 and 1993, Residing in NYSWYSA

TRYOUT DATES:

Saturday, September 24, 2005

Sunday, September 25, 2005

TRYOUT TIMES:

The tryout times for each age group may vary between locations. Please check the NY West website for the most accurate schedule.

REGISTRATION:

Pre-registration fee (postmarked before Aug. 31, 2005) \$30

Registrations postmarked between Sept 1, 2005 and Sept 14, 2005 \$35

Late registrations and Walk-ins (postmarked after Sept. 14, 2005) \$40

All registration forms must be mailed to NYSWYSA, PO Box 1247, 41 Riverside Dr., Corning, NY 14830, Attn.: Terri Raeder

Players should plan to arrive 45 minutes to an hour prior to the start of tryouts.

TRYOUT VENUES:

Saturday, September 24, 2005

Binghamton (BC United Field Complex)

1351 Union Center Maine Highway, Endicott, NY

Rochester (Total Sports Experience)

880 Elmgrove Rd., Rochester, NY 14624

Sunday, September 25, 2005

Buffalo (West Seneca Soccer Complex)

3747 Seneca St., West Seneca, NY 14224

Syracuse (CNY Family Sports Centre)

7201 Jones Rd., Syracuse, NY 13209

TRYOUT INFORMATION:

- Tryouts will begin ***promptly*** at the times noted. Make sure you arrive in plenty of time prior to the start of the tryout so you are warmed up and dressed in the appropriate attire and footwear. Players are required to attend ***without any clothing indicating the club/team they play for.***
- Players will compete for a position in the State Pool for their respective age group, at the local tryouts on Sept. 24th and 25th, 2005.
- A callback tryout will be held on Saturday Oct. 1, 2005, to determine the final pool.
- Players are encouraged to attend the tryout venue closest to their home. Directions to each venue can be found on the NY West website at www.nyswysa.org



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PLAYER'S NAME (Please Print): _____
(Last Name) (First Name)

BIRTHDATE: ____/____/____
Mon Day Yr

BIRTH / ODP YEAR (circle one): **92** **93**

GENDER (circle one): **MALE** **FEMALE**

E-MAIL ADDRESS: _____

E-MAIL ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE (home): _____ - _____ - _____

TELEPHONE (cell): _____ - _____ - _____

TELEPHONE (work): _____ - _____ - _____

PARENT'S NAME (please print): _____
(Last Name) (First Name)

I understand the following to be the format for the 2005-06 Program. There will be up to 8, indoor training sessions beginning in December of 2005, at various indoor facilities located within the boundaries of NYSWYSA. Upon conclusion of the winter training season, the State Pool will have 3-4 outdoor sessions, also located at venues located within the boundaries of NYSWYSA.

Parent/Guardian's Signature

By signing this form, I (the players parent or guardian) acknowledge that all of the information is accurate. I understand that intentionally providing false information may result in my son or daughter's disqualification from the program.