





**US Youth Soccer/SC Youth Soccer Olympic Development Program**

**2008/2009 SCYS ODP TRYOUT REGISTRATION FORM**

Birth Year (check) 1992 \_\_\_\_\_ 1993 \_\_\_\_\_ 1994 \_\_\_\_\_ 1995 \_\_\_\_\_ 1996 \_\_\_\_\_ BOY \_\_\_ Girl \_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Team Name \_\_\_\_\_ Club Name \_\_\_\_\_

Club Coach \_\_\_\_\_ Position played \_\_\_\_\_

Middle/High School \_\_\_\_\_ Graduation date \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

**Complete and send this form along with your fees of \$85.00 for Registration (includes a \$25.00 nonrefundable registration fee) and STATE TEAM TRIALS (make check payable to SCYSA) and TWO copies of the notarized Region III Medical Release Form (with embossed seal) and two copies of your medical card to Mary Bynum, 164 Chandler Road, Easley, SC 29640.**

**Go to [www.scysa.org](http://www.scysa.org) and look under FORMS scroll down to ODP and download the Region III Medical Release Form.**

**No other forms are needed at this time.**

**Any player without a Region III Medical Release Form may not be on the field for tryouts.  
DEADLINE DATE FOR FORMS AND FEES – November 1, 2008.**

**Mary L. Bynum  
SCYS ODP Administrator  
164 Chandler Road  
Easley, SC 29640**