



SCUSC Parent Questionnaire, 2010-11 Seasonal Year

Please complete and turn in on the first night of tryouts.

1. Is your child trying out only for our Elite team, only our Premier team, or both?
2. What other clubs will your child be trying out for?
3. Will your child be playing up an age group?
4. Do you understand the financial costs for your child to play competitive soccer?
5. What other activities or interests does your child participate in?
6. Are you aware that some games fall on Sunday and that tournament play can fall on a holiday weekend including Sunday?
7. Knowing that the coaches are fully aware and appreciate that family, school and church always take priority (we are also parents), how will this and questions 5 and 6 affect your child's availability for practice and games?
8. Will your child be available for summer training?
9. Would you like to volunteer in some capacity with the team (e.g., team manager, travel coordinator, volunteer coordinator)? If so, how?
10. Would you be interested in staying with Space Coast United if there are enough players to field a third team?

Child's name _____

Parent signature _____

Phone # _____ **Tryout #** _____

2009-10 Club: _____ **Team/League** _____

Coach _____

2008-09 Club: _____ **Team/League** _____

Coach _____