

Player Tryout# Assigned:

(Registrar to Assign)

Tryout Age/Gender:

(Registrar to Complete)

**FAIRFAX STARS AAU PROGRAM
2010 TRYOUT REGISTRATION FORM**

\$40.00 TRYOUT FEE for on-site Registration

Tryout fee for advanced registration is \$30.00. Registration form and payment must be received 1 week prior to first tryout date. Mail to Fairfax Stars, 2801 Glade Vale Way, Vienna, VA 22181. Payment can be made online at http://fairfaxstars.org/shopsite_sc/index.html

GIRLS

Age Group

Born on or after 1/1/00 or in 4 th grade born 1/1/99 or after	9U/4 th grade
Born on or after 1/1/99 or in 5 th grade born 1/1/98 or after	10U/5 th grade
Born on or after 1/1/98 or in 6 th grade born 1/1/97 or after	11U/6 th grade
Born on or after 1/1/97 or in 7 th grade born 1/1/96 or after	12U/7 th grade
Born on or after 1/1/96 or in 8 th grade born 1/1/95 or after	13U/8 th grade
9 th grade	14U/9 th grade
10 th grade	15U/10 th grade
11 th grade	16U/11 th grade
12 th grade	17U/Open

BOYS

Age Group

2 nd grade or born on or after 9/1/01	8U
3 rd grade or born on or after 9/1/00	9U
4 th grade or born on or after 9/1/99	10U
5 th grade or born on or after 9/1/98	11U
6 th grade or born on or after 9/1/97	12U
7 th grade or born on or after 9/1/96	13U
8 th grade or born on or after 9/1/95	14U
9 th grade	15U
10 th grade	16U
11 th grade	17U/Junior
12 th grade	18U/Senior

Grade exceptions apply for each age group. A player can be in the grade of the age group, but have up to a year later Date of Birth. Example-2nd grade born on or after 9/1/00 would fall in the 8u age group

Child's Last Name _____ Child's First Name _____ **GRADE** _____

Street Address _____ **AGE** _____

City/St/Zip _____ County: _____

Please check which area you live in: Potomac Valley Other **Check which area your HS is located:** Potomac Valley Other

High School (HS) child attends (if applicable): _____ HS City/State: _____

IMPORTANT – Please Complete Legibly

(H) Phone _____ (H) Email _____ (W) Email _____

(Alternate Phone) _____

Child's Date of Birth _____ **Height** _____ **Weight** _____

Dad's Name _____ Mom's Name _____ Work Phone _____

Parent or Name of Person Completing Registration Form: _____ Date: _____

INTERNAL USE:

Paid by Check # _____ \$ _____ Name on check if different from above _____

Paid by Cash _____ \$ _____

Date of Tryout _____

Notes: _____