



## OLYMPIC DEVELOPMENT PROGRAM 2010-11

### PLAYER TRYOUT INFORMATION *Players born in 1994, 1995, 1996, 1997, 1998 and 1999*

*updated: 11/10/10*

#### TRYOUT DATES (All Age Groups):

November 5th & 6th - (Sioux Falls)  
November 20th & 21st - (Aberdeen)  
December 11 & 12th - (Spearfish)

#### TRYOUT TIMES & FIELD LOCATIONS:

The tryout times for each age group may vary between locations. Please check the SDODP website ([www.sdodp.com](http://www.sdodp.com)) for the most accurate schedule.

#### REGISTRATION:

Registration fee (registrations received on or before December 31st, 2010) ..... \$60  
Late registrations (registrations received after January 1st, 2011) ..... \$75

Complete the attached registration form and mail it to:

**SDODP - P.O. Box 9608 - Rapid City, SD 57709**

Registration forms will also be available at the door.

\* Only players that register prior to December 31st are guaranteed a SDODP training t-shirt.

Note - Once a player has registered, they may attend all tryout sessions in their age group at no additional charge.

#### 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 asked to attend ***without any clothing indicating the club, recreational, or high school team for which they play.***
- Players will compete for a position in the State Pool for their respective age group.
- Players are encouraged to as many tryouts as possible.



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PLAYER TRYOUT REGISTRATION FORM
Players born in 1994, 1995, 1996, 1997, 1998 and 1999

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

BIRTHDATE: Mon / Day / Yr GENDER (circle one): MALE FEMALE

BIRTH / ODP YEAR (circle one): 1994 1995 1996 1997 1998 1999 2000

T-SHIRT SIZE (circle one): YL AS AM AL AXL

STREET ADDRESS:

CITY: STATE: ZIP:

Sessions expected to attend - (please list all dates)

TELEPHONE (home): - -

TELEPHONE (cell): - -

TELEPHONE (work): - -

PLAYER E-MAIL:

PARENTS E-MAIL:

Table with 2 columns: Date, Location

MOTHERS NAME (please print): (Last Name) (First Name)

FATHERS NAME (please print): (Last Name) (First Name)

I understand that this is a tryout for the South Dakota State Olympic Development team and that this tryout does not guarantee that my son or daughter will be placed on the final roster. It is also understood that additional indoor & outdoor training sessions, games, tournaments, and mini-camps may be offered for an additional fee. If my child is selected to the State team, they must commit to the team within ten (10) days of notification and send final payment for the ODP camp.

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.