



Pre-Tryout Clinic Registration _____ Tryout Registration _____

Date: _____ Birthday: _____ Grade: _____ Current Age: _____

Player Name: _____

Player Address: _____

City & Zip code: _____

Player Home Phone: _____

Player Cell Phone: _____

School: _____

Position at School: _____

Player E-mail: _____

Parent's Names: _____

Age group trying out for: _____

Position trying out for: 1st choice: _____ 2nd choice: _____

Previous Club Experience: _____

EMERGENCY CONTACT:

Parent's Name(s): _____

Parent's Home Phone Number(s): _____

Parent's Cell Number(s): _____

Parent's E-mail(s): _____

PARENT SIGNATURE: _____