

2020 Tryout Application

Applicant's Name _____
Date of Birth _____ Current Grade Level _____
Current GPA _____ Current School Attending _____
Email Address _____
Phone Number _____
Address _____

Parent/Guardian's Name _____
Email Address _____
Phone Number _____
Address _____

*Parent/Guardian will also be Applicant's emergency contact

Medications _____
Allergies _____
Insurance Carrier _____ Policy # _____
Pre-existing injuries _____

Please list any prior experience _____

Please list any upcoming conflicts _____

Do you plan to attend summer school? Yes No Unsure