

TRY OUT NUMBER _____

CIRCLE THE TEAM YOU ARE TRYING OUT FOR

Girls: U11 U12 U13 U14 U15 U16 U17 U18 U19

Boys: U11 U12 U13 U14 U15 U16 U17 U18 U19

**WOULD YOU BE WILLING TO PLAY ONE
AGE GROUP HIGHER IF NEEDED?**

YES OR NO

PLEASE PRINT

NAME: _____

DATE OF BIRTH _____ PHONE NUMBER _____

ADDRESS: _____

EMAIL ADDRESS: _____

PARENT'S NAME: _____

POSITIONS PLAYED: _____

DATED: _____

X _____
SIGNATURE OF PLAYER

x _____
SIGNATURE OF PARENT
OR LEGAL GUARDIAN