



# Athlete Application 2019-2020

**Please complete this form and submit with your \$35 non-refundable try-out fee.**

## PICK YOUR PACKAGE

- ☐ Full Season/Local Travel      ☐ Full Season/Limited Travel  
☐ Full Season/Full Travel      ☐ High School

## ATHLETE INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Athlete Cell Phone (optional) \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age as of August 31, 2019 \_\_\_\_\_ Male Female  
Medical Conditions/Allergies: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION** Please provide at least (1) responsible party who will serve as primary contact and one (1) emergency contact in case the primary cannot be reached.

Mother's Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Legal Guardian (if applicable): \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Relationship to Athlete: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

