



Tryout Pre-Registration Form

Name _____

Current Age _____ Birthday _____ Grade _____

Address _____ City, Zip _____

Home phone _____ Parent cell phone _____

Email address _____

Parent(s) Names _____

How did you hear about us? _____

Emergency contact

Name _____ Phone # _____

Relationship _____

Parent Signature _____ Date _____

Bring completed form, \$50 tryout fee, NTR proof of USAV registration, medical release and birth certificate copy with you to tryouts.