



**TRYOUT #**

**Player Try Out Registration Form**

Name:		Gender: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Date of Birth:
Home Telephone Number:	Player's Cell Phone Number:		What age group are your trying out for: U_____
Preferred Position:	Club/Team Played for last season:		
Father's Name:	Father Cell Phone Number:	Email:	
Mother's Name:	Mother Cell Phone Number:	Email:	

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Signature of Player (or Parent if under 18)