



TRYOUT APPLICATION

Please print the following information clearly. Return to _____
by _____.

Candidate for (check one): Freshman Junior Varsity Varsity Other

PERSONAL INFORMATION		
NAME:		PHONE:
ADDRESS:		ZIP:
OVERALL GPA:	GRADE LEVEL:	DATE OF BIRTH:
PARENT/LEGAL GUARDIAN:		

MEDICAL INFORMATION	
DOCTOR:	DOCTOR PHONE:
DENTIST:	DENTIST PHONE:
INSURANCE CO.:	POLICY NUMBER(S):

1. Are you allergic to any medications? YES NO

If so, please list: _____

2. Are you currently taking any medications? YES NO

If so, please list: _____

3. Are you currently being treated for any injuries? YES NO

If so, please list: _____

OTHER INFORMATION

4. Are you currently a member of any club, organization or team requiring extra practice time? YES NO

If so, please list: _____

5. List any honors you have received in school: _____

6. What are the dates that you will be out of town during the summer? _____

7. Please list any other obligations that may interfere with attending summer camp. _____

8. Please attach a copy of your class schedule.

