

# 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.

