

TRYOUT # \_\_\_\_\_



## DEVELOPMENTAL ACADEMY TRYOUT REGISTRATION FORM

Please fill out the information below and bring this form to the tryouts with you.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**PLAYERS MUST WEAR/BRING THE FOLLOWING EQUIPMENT TO TRYOUTS:  
WHITE TEE SHIRT, CLEATS, SHIN GUARD, SOCKS WHICH COVER SHIN GUARDS COMPLETELY,  
WATER BOTTLE, AND SPORTS GOGGLES (IF NECESSARY).**

**PARENTS ARE RESPONSIBLE TO INFORM COACHES OF ANY ALLERGIES, INJURIES OR NEED OF  
MEDICATION.**

**PARENTS ARE ENCOURAGED TO CREATE A STRESS FREE ENVIRONMENT PRIOR TO AND  
DURING TRYOUTS.**

**IN THE EVENT OF RAIN PLEASE CALL (410) 992-1111 FOR RAINOUT INFORMATION**