



SAC 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: _____ EMAIL: _____

SCHOOL ATTENDING NEXT FALL: _____

PARENT'S NAME: _____ CELL PHONE: _____

PARENT'S NAME: _____ CELL PHONE: _____

ARE YOU CURRENTLY A SAC/HC REGISTERED PLAYER? Yes _____ No _____

IF YES, NAME OF COACH: _____

PLAYER IS TRYING OUT FOR: _____ TRAVEL
 _____ SELECT
 _____ BOTH

**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.**

**PLAYERS NOT SELECTED FOR TRAVEL MAY BE SELECTED FOR A SELECT TEAM.
 THESE PLAYERS MUST ATTEND THE SELECT TEAM TRYOUTS. ALL PLAYERS NOT
 SELECTED FOR EITHER A TRAVEL TEAM OR A SELECT TEAM WILL BE PLACED ON A
 RECREATIONAL TEAM FOR THE FALL SEASON.**

**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