

LMSA SIGNATURE

PLAYER TRY-OUT FORM



PLAYER INFORMATION:

Player Name: _____

Address: _____

City: _____

School: _____

Home Phone: _____

Birthdate: _____

PARENT INFORMATION:

Name: _____

Email: _____

Cell Phone: _____

REC/SIGNATURE EXPERIENCE

Division Requested: _____

Years Played: _____

League: _____

Position Played: _____

MEDICAL RELEASE FOR TRYOUTS - IMPORTANT

I/We, the parent/guardian of the above named player, a minor, and the above named player agree to the following: To hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Guardian Signature

Date

TRYOUT #

This is not a player registration form – this is a try-out form only