

ALL IDAHO LACROSSE TRYOUTS – IDALAX



Name of Tournament: _____

Tryout Dates: _____

Tournament Dates: _____

NAME: _____

ADDRESS: _____ CURRENT GRADE: _____

CONTACT E-MAIL: _____ PLAYER EMAIL: _____

HOME PHONE: _____ PLAYER CELL #: _____

POSITION(S): _____ SPECIALTIES: _____ YRS EXP: _____

US LACROSSE # _____ EXPIRATION: _____ ALTERNATE PHONE: _____

EMERGENCY CONTACT: _____ Phone _____

TOURNAMENT TRYOUT OUT FOR:



PARTICIPANT WAIVER/RELEASE/MEDICAL AUTHORIZATION FORM

PLEASE COMPLETE THIS SECTION:

Stats:

Height _____

Weight _____

Dom. Hand _____

Specialties: _____

Tryout Days Attended:

1st _____

2nd _____

Are there any dates you CANNOT
travel or practice? If so, please list:

Assigned Number – *For Office Use Only:*

Remind Player to NOT LOSE HIS #!