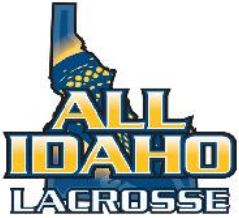


ALL IDAHO LACROSSE TRYOUTS – IDALAX



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 #!