



PLAYER APPLICATION

_____ Early / Regular Season

Is the child new to the program? Y ___ N ___

Child age on August 31st: _____

Child's Last Name First Name M.I. DOB Height and Weight

Address _____ City/ State/ ZIP _____

E-mail Address _____ Emergency Name/ Phone # _____

Father's Name _____ Phone # _____

Mother's Name _____ Phone # _____

Played last season? (Yes/No) _____ Division _____ Coach's Name _____

Does applicant have any medical problems and/or disabilities? _____

Any special needs or requests? We will **try** to accomodate it. _____

Signature of Parent/ Guardian _____ Date _____

Amount Paid/ Method _____

Please read the **Parent Code of Conduct** available at our website, and bring it signed with the waivers to the tryouts.

Stay in touch with the League:
<http://www.juniortritons.com/>
www.facebook.com/juniortritons/