



LADY CARDINAL TRYOUT REGISTRATION

Name (Print): _____

Date of Birth: ____/____/____ Height ____ Weight ____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone: (____) ____-____ Email: _____

High School: _____

College: _____ Study: _____

Employer: _____ Position: _____

Extra Curricular Activities (clubs, groups, other interests): _____

Position trying out for

(please circle all that apply)

STUNT TEAM DANCE TEAM

Past position experience *(please give brief, but detailed information)*

A signed waiver of liability is required to participate in tryouts and team events. ID and/or proof of age will be required for all accepted team members. All members must adhere to Cardinal dress code standards and be a positive team supporter. All Lady Cardinals must be able to commit to practices, games, and appearances. More information on expectations will be addressed once accepted.

Name (Signature): _____ Date: _____

COACHES NOTES

ACCEPTED	YES	NO
POSITION	_____	_____
_____	_____	_____
_____	_____	_____