



CHARLOTTE PREMIER  
COMPETITIVE TRYOUT SIGN-UP SHEET

Player's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Grade this Fall \_\_\_\_\_

E-mail: \_\_\_\_\_

Birth date: \_\_\_\_\_

Age on July 31<sup>st</sup>, 2010: \_\_\_\_\_

Player has played \_\_\_\_\_ seasons.

FOR ADMINISTRATIVE USE:

Tryout Number: \_\_\_\_\_ Age Group: \_\_\_\_\_

Liability Waiver Signed: \_\_\_\_\_ ATTACH