

Team ATX Try-out Information



Player Name*:

Parent Name*:

School*:

Grade*:

Street Address:

City:

State:

Zip:

Home Phone*:

Alt/Cell Phone:

E-Mail*:

**Enter e-mail
again*:**

**Emergency
Contact:**

**Emergency
Phone:**

**Health Insurance
Co.*:**

Policy Number*:

Position*:

Attack

Midfield

Defense

Goalie

Undecided