

**2008 TVA
PLAYER INFORMATION FORM**

Each player must complete the attached forms and submit with a \$50.00 tryout fee.
Make Checks payable to TVA. Return forms on Try-Out date. Please Print Clearly!

Player Name: _____ Home Phone _____

Player Email: _____ Player Cell #: _____

Birth Date: _____ Age ____ School/Grade _____

Address: _____

City: _____ Zip: _____

Right or Left Handed? _____ Position Played: _____ Graduation Date: _____

Weight _____ Height _____ ACT _____ SAT _____ GPA _____

Did you play club last season? _____ Name of Club: _____

Father's Name _____ Mother's Name _____

Father's Cell #: _____ Mother's Cell #: _____

Email Address: _____

With whom does the athlete reside: Mother Father Both
Party responsible for payment: Mother Father Both

Address to mail statement, if different from above: _____

I release TVA of Winter Springs from all injuries and liabilities that may occur during the TVA Try-Out. I authorize the coaches to administer any emergency treatment deemed necessary. I authorize TVA to use information from the above questions in various publications.

Parent Signature

Date

To be completed by TVA;

Payment Received: Try-Out _____ 1st Payment _____ 2nd Payment _____ Final Payment _____

Team Placement : _____

Birth Certificate : _____

Letter Sent : _____

Comments : _____
