



## Central Alberta Lacrosse League Player Try Out Form

Date: \_\_\_\_\_

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

\_\_\_\_\_ Phone: \_\_\_\_\_

### **Registration Information:**

Current Season (Association/Division/Team) \_\_\_\_\_

Previous Season (Association/Division/Team) \_\_\_\_\_

Reason for Tryout:

\_\_\_\_\_  
\_\_\_\_\_

Association and team Player wishes to tryout for: \_\_\_\_\_

President's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Players Home Association: \_\_\_\_\_

President Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approval from CALL President Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(If applicable) Approval from accepting LGB President Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This form is to be completed each time a player wishes to tryout for a team that is not in their home club. **This is not a release to play on the team the player is trying out for.** Once the player has successfully been accepted onto a team of which their home association does not provide, and all other rules for release have been followed, the player may then apply for a release from their home club. Players may not be granted release if their home association cannot field a team without their registrations.

Players must be registered with their home association in order to try out for another team.