



# 2019 Central Alberta Lacrosse League Player Try Out Form

This form to be completed by the player wishing to try out, signed by guardian, and then signed by Home Team Association Representation. Please email completed forms to CALL [president@centralalbertalacrosse.com](mailto:president@centralalbertalacrosse.com)

**(Players must be registered with their home club in order to be eligible to Try Out for another team.)**

Date of Application: \_\_\_\_\_

Player Name: \_\_\_\_\_ DOB(Y-M-D): \_\_\_\_\_

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

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

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

Current Age Division: \_\_\_\_\_ Team Trying Out for: \_\_\_\_\_

Home Club Registered with: \_\_\_\_\_

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 for which the player is trying out.** Should a player be successfully accepted onto a team for which they tried out, the player may then apply for a release from their home club. These releases are for a term of one season and may only be granted with permission from their home club and CALL. Should a player not be selected to their try out team, they will remain registered within their home club.

Parent/Guardian Signature: \_\_\_\_\_

Home Club Representative: \_\_\_\_\_

Home Club Rep. Signature: \_\_\_\_\_