



# 2019 Central Alberta Lacrosse League Player Try Out Form

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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: \_\_\_\_\_