

# TEAM IMPACT PA

## 2012 Team Try-Out Application

Visit our web site at: [www.impact-pa.com](http://www.impact-pa.com)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Age on January 1, 2012 \_\_\_\_\_

School District \_\_\_\_\_ 2011/12 School Yr Grade \_\_\_\_\_

I would like to try-out for the: \_\_\_\_\_ **10u** \_\_\_\_\_ **12u** \_\_\_\_\_ **14u** \_\_\_\_\_ **16u** \_\_\_\_\_ **18u** Age Group

List three positions you can play with your primary position first:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

List your playing experience and prior teams: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I submit this try-out application to the Team Impact PA and agree to participate in try-out activities so that I may be considered for selection to the Metro Express team.

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree as parent or guardian of the above named individual to give permission for her to participate in the try-outs for the Team Impact PA. On behalf of my daughter and myself, I voluntarily accept and assume all risks incurred by her while participating in the try-outs for the Team Impact PA and waive and release the Team Impact Pa of any and all liability.

Parent \ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAIL TO: Team Impact \* 314 Lindsay Road \* Carnegie, PA. 15106**

For additional information please contact: Zach Green at (412) 249-7736

Email: [impactpa@comcast.net](mailto:impactpa@comcast.net)

Visit our web site at: [www.impact-pa.com](http://www.impact-pa.com)