

## **Cornerstone Athletics Tryout Form**

Thank you for your interest in trying out for Cornerstone Athletics! Please complete this form to the best of your ability. Incomplete forms may delay the tryout process.

Perso	nal Information:
•	Full Name:
	Preferred Name (if applicable):
	Current Grade :
Paren	t/Guardian Information:
•	Parent/Guardian Name:
	Relationship to Athlete:
	Phone Number:
•	Email Address:
Athlet	ic Background:
•	Sport Trying Out for:
•	Years of Experience in this Sport:
•	Previous Teams/Organizations:
•	Positions Played:
•	Notable Achievements/Awards (optional):
•	Do you have any prior injuries that may affect your participation in tryouts?
	Yes No
	If yes, please explain:
•	Are you currently participating in any other sports? Yes No  o If yes, please explain:

Emergency Contact Information (other than parent/guardian listed above):	
<ul> <li>Name:</li></ul>	
Medical Information:	
<ul> <li>Do you have any allergies or medical conditions we should be aware of?</li> <li>Yes No</li> <li>If yes, please explain:</li> </ul>	
Waiver and Release (Please read carefully):  I understand that participation in sports involves the risk of injury. I hereby release and	
hold harmless Cornerstone Athletics, its coaches, staff, and volunteers from any and all liability for any injuries or illnesses that may occur during tryouts or participation in any team activities. I certify that I am physically fit and capable of participating in this sport. I also grant permission for Cornerstone Athletics to use my child's photo or video for promotional purposes.	
Parent/Guardian Signature (if applicable):	
*Printed Parent Printed Athlete Name (if applicable):	
• Date:	
Please bring this completed form with you to the tryouts.	
Tryout Date & Time:	
Tryout Location:	

Thank you and we look forward to seeing you at tryouts!

Notes/Additional Information (optional):