

# CYC All-Stars Tryout Application

Athlete's Name: \_\_\_\_\_

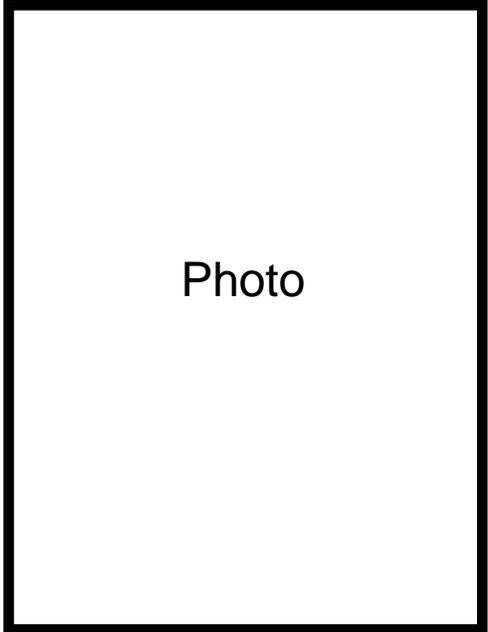
Athlete's Birth Year: \_\_\_\_\_

Athlete's Date of Birth: \_\_\_\_\_

Athlete's Cell #: \_\_\_\_\_

Athlete's Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_



Interested in crossing over to an additional team this season? (Please check one) Yes No

Do you and your parents prefer Elite or Prep?  
(Please check one) Elite Prep

## STAFF USE ONLY:

Tiny Mini Youth Junior Senior

## Guardian Information (Please Print Clearly):

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Email:** \_\_\_\_\_

First Language: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Secondary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Email:** \_\_\_\_\_

First Language: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Have you cheered before? NO YES \_\_\_\_\_ for \_\_\_\_\_ years

Please list any other sports athlete participates in: \_\_\_\_\_

List any known vacation dates: \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

T-Shirt Size: (Please choose a size between YXS-AXXL)

Short Size: (Please choose a size between YXS-AXXL)

STAFF USE ONLY: Tryout Application Paid: Y N Birth Certificate: Y N Payment Contract: Y N

Email form to: [Wrolandelli@cycmail.org](mailto:Wrolandelli@cycmail.org)