Trial Form

Date:

Athlete Information

Last Name	Firs Name		
Address	City/ST	Zip Code	
Home Phone	Work Phone	Cell Phone	
Date of Birth	Gender	Email Address	

Father/Guardian 1 Information (Youth Program Only)

Last Name	First Name	
Home Phone	Work Phone	Cell Phone
Relation to Athlete		

Mother/Guardian 2 Information (Youth Program Only)

Last Name	First Name	
Home Phone	Work Phone	Cell Phone
Relation to Athlete		

Program Information

Program

- ☐ Performance Training
- ☐ Basketball

Age Group

- ☐ Learn
- ☐ Train
- ☐ Compete
- ☐ Win
- ☐ Thrive
- ☐ Pro

Coach	Date of Follow Up

Notes: