

Tryout PACKET

Tryout Application

Please print the following information clearly. Return to _____
 by _____.
 Candidate for (check one): _____ Cheer _____ Dance
 Candidate for (check one): _____ Freshman _____ Junior Varsity _____ Varsity
 _____ Other

Personal Information

Name:		Phone:	
Address:			Zip:
Overall GPA:	Grade Level:	Date of Birth:	
Parent/Legal Guardian:			
Employer:		Business Phone:	

Medical Information

Doctor:	Doctor's Phone Number:
Dentist:	Dentist's Phone Number:
Insurance Company:	Policy Numbers(s)

1. Are you allergic to any medications? _____ If so, please list: _____

2. Are you currently taking any medications? _____ If so, please list: _____

3. Are you currently being treated for any injuries? _____ If so, please list: _____

Other information:

1. Are you currently a member of any club, organization, or team requiring extra practice time?
 If so please list: _____
2. List any honors you have received in school: _____

3. Please attach a copy of your class schedule.
4. What are the dates that you will be out of town during the summer?

5. Please list any other obligations that may interfere with attending summer camp.



nca.varsity.com
800.NCA.2WIN



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877.NDA.2WIN