



2012 Blaze Lacrosse Club Tryout Registration Form

TRYOUT DATE: Friday, December 30 2011

Please circle the team you are trying out for →
 Example: A player that is currently a sophomore will try out for Blaze 2014

Blaze U13/14 <i>Rising 7th/8th Graders</i>	10am – Noon
Blaze 2016 <i>Rising Freshmen</i>	10am – Noon
Blaze U15 <i>Rising Frosh/Young Sophs</i>	Noon – 2pm
Blaze 2015 <i>Rising Sophs</i>	Noon – 2pm
Blaze 2014 <i>Rising Juniors</i>	2pm – 4pm
Blaze 2013 <i>Rising Seniors</i>	2pm – 4pm

TRYOUT LOCATION: Total Sports Experience, 880 Elmgrove Road, Rochester, NY 14624 (585) 458-4263

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Primary E-Mail _____ Secondary E-mail _____

Home phone # _____ Son's Cell Phone _____

Mother's Name _____ Father's Name _____

Mother's cell# _____ Father's cell# _____

Age _____ D.O.B. _____ Current Grade (As of Dec '11) _____

Graduation Year _____ High School _____ Position _____

I give my son _____ permission to participate with The Blaze Upstate Lacrosse Club. I understand that he will be covered by my own family insurance and may be eligible for supplemental insurance with their US Lacrosse membership. I also understand that by participating in this sport that injury may occur and do not hold The Blaze Upstate Lacrosse Club, its staff, or associated participating organizations liable.

Parent Signature _____ Date _____

Please send completed form and \$20 tryout fee to: Blaze Lacrosse, 1 Waterworks Lane, Fairport, NY 14450