



Please complete form fully and legibly

For Administration Use Only
 (Check which applies to payment of tryout of Fee)

Pre-Paid online via PayPal @ \$20 _____

Day of Tryout / Cash Only \$25 _____

Tryout form for 2018 Season

(Rev 8/17/17 by DS)

Tryout Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: (home) _____ (cell) _____

Date of birth: _____ Current Age: _____

Height: _____ Weight: _____

Previous Sports Played:

Sport	Team	City, State	Level (recreational/collegiate/national)	Years Played

Previous Football Experience, if applicable:

Position	Team	City, State	Type (flag/touch/tackle/pro)	Years Played

Position trying out for: (1st) _____ (2nd) _____ (3rd) _____

How did you FIRST become aware of the NY Sharks? (Please circle one)

Friend/Word of Mouth	Flyer	Media	Facebook	Twitter	Shark Website	Other
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What encouraged you to tryout today? _____

Education:

Degree	School Name	Major	Graduation Year

Current Occupation: _____

Employer or Self-Employed _____

Emergency Contact Info:

Name	Relationship	Phone (home)	Phone (cell)

What athletic skills and personal attributes do you believe you possess that would make you a good football player AND a good teammate?

Tryout Agreement

Were you given a copy of the Tryout Agreement? Yes No

Have you read the agreement in its entirety and fully understand its terms and conditions? Yes No

Signature: _____ Date: _____