

Frank Phillips College Tryout Form

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone #: _____ Email: _____

Parent/Guardian Name(s): _____ Phone #: _____

High School

Name of High School: _____ Grad Date: _____

Previous College Information

Name of Institution	2yr/4yr	Dates Attended	FT/PT
_____	_____	_____	_____
_____	_____	_____	_____

Summer Team that you play with

Name of Team: _____ Coach: _____

Coaches Phone #: _____

I _____ agree that I will not seek any claims against Frank Phillips or their employees in the event that I am injured or suddenly take ill during or as a result of the physical test which I am about to perform. I do hereby certify that all the information that I have provided is current and correct to the best of my knowledge.

Signature: _____ Date: _____