

**HAWAI'I ALL STARS
TRYOUT APPLICATION**
PLEASE PRINT CLEARLY

ATHLETE INFO:

NAME: _____

AGE: _____ BIRTHDATE: _____

DESCRIBE ANY MEDICAL PROBLEMS OR INJURIES

TRYING OUT FOR (PLEASE CIRCLE & NOT GUARANTEED):

- Non-Competitive
- Oahu Only Competitive
- Mainland + Oahu Competitive

Would you like to be considered for the International Team?

(Must be on the Mainland + Oahu Competitive Team to qualify)

- Yes
- No

PARENT/GUARDIAN INFO:

PARENT NAME: _____

RELATION: _____ PHONE: _____

PRIMARY EMAIL: _____

HAVE YOU COMPLETED THE MANDATORY WAIVER? **YES / NO**