

**HAWAI'I ALL STARS
TRYOUT APPLICATION**

ATHLETE INFO:

PLEASE PRINT CLEARLY

NAME: _____

AGE: _____

BIRTHDATE: _____

PARENT/GUARDIAN INFO:

****PRIMARY CONTACT WILL RECEIVE ALL EMAIL NOTIFICATIONS THROUGHOUT THE SEASON. PLEASE MAKE SURE ACCOUNTS ARE ACTIVE****

PARENT NAME: _____

RELATION: _____ PHONE: _____

PRIMARY EMAIL: _____

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RELATION: _____ PHONE: _____

PRIMARY EMAIL: _____

HAVE YOU COMPLETED THE MANDATORY WAIVER? YES NO