

ALLURE



Team Selection

Athlete Information Sheet

Name _____

Date of Birth _____

Age as of August 31, 2011 _____

Skills I Have: _____

I am interested in being a competitor for: (Circle One)

- A Regular Full Year Team
- A Crossover (Competing on Two Teams)
- A Mini willing to Cross to a Youth Team

Do You Have Siblings In The Program? YES NO

If Yes, Must Siblings Be On The Same Team? YES NO

Would you like to be considered for a Team Representative position? YES NO

****The choice of which team will be determined by the Directors****

Parent's Name _____

Parent's Cell _____ Athlete's Cell _____

Parent's Email _____

Athlete's Email _____

Athlete's T-shirt Size _____ Athlete's School _____ Grade _____

Allergies/Medications _____

**** Please Briefly Describe Any Athletic History Below****

_____ Parent Initial _____ Director's Signature