## **College Athlete Tryout Waiver Form**

Full Name
Date of Birth
Address
Phone Number
Email Address
Emergency Contact
Contact Name
Contact Phone
Relationship
T.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C
Medical Information
Relevant Medical Conditions
Insurance Provider
Policy Number

## Waiver and Release

Read and Agree to the Waiver Statement

Athlete Signature		_
Date		
Parent/Guardian Signature (if under 18)		
Date		