



SELECT PLAYER APPLICATION

Season: Spring _____ Fall _____ Year: _____ Division/Age Group: _____

Player Name: _____

DOB: _____ Age: _____ Player Playing for a Travel Team: _____

Jersey Size: _____

Jersey # (1st Choice): _____ Jersey #2 (2nd Choice): _____

Current Season Rec Division and Team Name: _____

Father's / Guardian's Name: _____

Father's / Guardian's Cell Phone Number: _____

Mother's / Guardian's Name: _____

Mother's / Guardian's Cell Phone Number: _____

THE SELECT SEASON IS a FULL TIME COMMITMENT from 9/1/2025 – 12/31/2025.

Please indicate the appropriate selection(s) by placing your initials in the space provided.

1. _____ Our / My child would like to be considered in the Select Team Selection, BUT will / may miss the games and practices on / during the following dates:

2. _____ Our / My child would like to be considered in the Select Team Selection and CAN commit to all tournaments and practices.

Parent's PRINTED Name

Parent's SIGNATURE

Date