



**2016 U.S. MEN'S NATIONAL UNDER-19 TEAM
PLAYER TRYOUT APPLICATION – HIGH SCHOOL PLAYER**

Tryouts: June 29-July 1, 2015 @ Stevenson University (Owings Mills, MD)

\$50.00 non-refundable application fee & copy of birth certificate must be returned with application.

LAST NAME: _____ **FIRST NAME:** _____ **DATE OF BIRTH*:** _____

** Applicants must be born between September 1, 1996 and July 6, 2000.*

GENERAL INFORMATION: (PLEASE USE PEN AND PRINT CLEARLY)
US LACROSSE MEMBERSHIP NUMBER: _____

EXPIRATION DATE: _____ / _____ / _____
(Must be current US Lacrosse member to be considered for tryouts. Visit uslacrosse.org or call 410.235.6882 x102 for membership status.)

DATE OF BIRTH: _____ / _____ / _____ **AGE:** _____

SCHOOL GRAD YEAR: _____ **DOMINANT HAND:** R L

POSITION: A M F/O LSM D G

LAST NAME: _____

FIRST NAME: _____ **MI:** _____

HOME ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

HOME PHONE: _____

EMAIL: _____

LACROSSE HONORS: *HIGH SCHOOL*
 _____ **YR (S)** _____
 _____ **YR (S)** _____
 _____ **YR (S)** _____
 _____ **YR (S)** _____
OTHER
 _____ **YR (S)** _____
 _____ **YR (S)** _____

OTHER SPORT(S): _____ **HIGHEST LEVEL:** _____
OTHER SPORT(S): _____ **HIGHEST LEVEL:** _____

REFERENCES: (List two individuals other than family members and Head Coach who can attest to your ability and character.)

NAME: _____

DAY PHONE: _____

NAME: _____

DAY PHONE: _____

HIGH SCHOOL INFORMATION:
HEAD COACH: _____

HC PHONE: _____

HC EMAIL: _____

NAME OF SCHOOL: _____

SCHOOL ADDRESS: _____

CITY: _____

ST: _____ **ZIP:** _____

SCHOOL PHONE: _____

SCHOOL WEBSITE: _____

HIGH SCHOOL AREA: _____
(Your coach will have this)

AREA CHAIRMAN: _____
(Your coach will have this)

ARE YOU IN GOOD STANDING WITH YOUR SCHOOL AND LACROSSE TEAM?

YES: _____ **NO:** _____

If No, please explain: _____

CURRENT ACADEMIC STANDING/GPA: _____

COLLEGE COMMITMENT:

I have verbally or in writing (NLI) committed to attend _____
College/University in the fall of 2015 or 2016.
This is informational only and will not affect tryout invitation.

COACH/HSAC COMMENTS (OPTIONAL): _____

UNSigned, FAXED, OR EMAILED APPLICATIONS WILL NOT BE ACCEPTED. PLEASE MAIL 1) COMPLETED APPLICATION, 2) APPLICATION FEE NON-REFUNDABLE \$50 CHECK, PAYABLE TO "US LACROSSE", AND 3) COPY OF THE APPLICANT'S BIRTH CERTIFICATE TO: US LACROSSE, ATTN: TONY LEKO, 113 W. UNIVERSITY PKWY, BALTIMORE, MD 21210. MUST BE POSTMARKED BY APRIL 24, 2015.



**2016 U.S. MEN'S NATIONAL UNDER-19 TEAM
PLAYER COMMITMENT AGREEMENT**

PLEASE READ CAREFULLY

IF SELECTED TO PARTICIPATE IN THE TRYOUTS, I UNDERSTAND AND ACCEPT THE FOLLOWING:

1. I am a citizen of the United States of America.
2. I am an active interscholastic or intercollegiate player and will be an active member of my team during the 2015 season.
3. I will be available from Monday, June 29, 2015 through Wednesday, July 1, 2015 to try out for the 2016 U.S. Men's National Under-19 Team.
4. If I participate in the tryouts, I will be required to pay a non-refundable tryout fee (TBD).
5. I do not turn 19 years old on or before August 31, 2015.

In consideration of the opportunity to try out for the 2016 U.S. Men's Under-19 Team, and the possibility that I will make the team, I understand and agree that I will fully and completely abide by the following responsibilities and obligations:

- ◆ Participate in all games, practices and exhibitions played by the 2016 U.S. Men's National Under-19 Team from June 2015 through August 2016.
- ◆ Attend and participate in other team activities and events as assigned.
- ◆ Consent to all physical examinations and drug testing as requested by US Lacrosse.
- ◆ Support team fundraising efforts and meet individual player fundraising goals.
- ◆ Fully comply with the requirements of the 2016 U.S. Men's National Under-19 Team relative to the exclusive use of lacrosse sticks, equipment, uniforms, apparel, and shoes in accordance with agreements between the team and/or US Lacrosse and sponsors.
- ◆ Make personal and promotional appearances as required by the 2016 U.S. Men's National Under-19 Team and US Lacrosse.
- ◆ Be a member in good standing of US Lacrosse through August 31, 2016.
- ◆ Exhibit at all times conduct beyond reproach and befitting a representative of the 2016 U.S. Men's National Under-19 Team and US Lacrosse. I further understand that any conduct deemed inappropriate or damaging to the team or organization by US Lacrosse staff or the 2016 U.S. Men's National Under-19 Team coaching staff, may result in immediate dismissal from the team.
- ◆ Adhere to all other team rules and policies established by the team's coaching staff and/or US Lacrosse.

I further agree and understand that if, in the discretion of either US Lacrosse staff or the team's coaching staff, I am found in violation of any of the above responsibilities and obligations, I may be suspended or dismissed from the 2016 U.S. Men's National Under-19 Team.

PRINTED NAME OF APPLICANT

PRINTED NAME OF PARENT *(if applicant under 18)*

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT *(if under 18)*

DATE

PRINTED NAME OF APPLICANT'S CURRENT HEAD COACH

SIGNATURE OF APPLICANT'S CURRENT HEAD COACH

DATE

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Please visit uslacrosse.org for updated 2016 U.S. Men's National Under-19 Team information.