

## **2021 Carolina Scorpions Tryout Registration**

Player Full Name:	
Player Birth Date:	Age:
Player Contact Phone Number:	
Player Address:	
Hometown:	
Email:	
Player Position:	
Years Of Experience:	
Medical Medical Condition(a)/Allergies	
Medical Condition(s)/Allergies Medication(s):	
(6).	
Emergency Contact Name:	
Emergency Contact Phone:	
Parent Contact Email:	
Available Days for Practices:	
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