



Just In Time Ninjas Travel Competition Team 2025 Tryout Registration Form



Athlete's Information

Name: _____

D.O.B. (mm/dd/yy): _____ Grade Level: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Current Age: _____ Age on January 1st, 2026: _____

T-Shirt Size: **YXS** **YS** **YM** **YL** **YXL** **XS** **S** **M** **L** **XL**

Will your Ninja be taking the fitness assessment on Friday June 6th, 2025? _____

Parent/Guardian Information

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Select the team(s) in which your Ninja would like to try out for:

Rec/Half Season Team

Full Season Team

By signing this form, I permit my ninja _____ to try out for the
Just In Time Ninjas travel competition team.

Parent/Guardian Signature: _____ Date: _____

JUST IN
TIME NINJAS
HONORING THE PAST.
SHAPING THE FUTURE