

**Lady Blazer Fall Tryout**  
**Questionnaire**  
**October 12 (7:30-8:30 p.m.)**  
**&**  
**October 14 (7:30-8:30 p.m.)**

Name:	_____
Current Address:	_____ _____ _____
Current Home Phone #:	_(_____)_____
Cell Phone #:	_(_____)_____
Email Address:	_____
High School:	_____
HS Coach's Name:	_____
HS Coach's Phone #:	_____
Community College:	_____
CC Coach's Name:	_____
CC Coach's Phone #:	_____
Position Played:	_____
Height:	_____

**\*\*Please return to the women's basketball office:**

- **This form**
- **2<sup>nd</sup> page of the Assumption of Risk Form. It must be notarized.**
- **A copy of your completed physical form (blank physical forms are not supplied by VSU athletics)**

**\*\*Any person under 18 must have a parent/guardian sign the Assumption of Risk Form.**