

New York Red Bulls Academy Teams Tryout Application

Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone: _____ **E Mail:** _____

Parent or guardian: _____

Emergency contact: _____ **Phone:** _____

Current Club team: _____ **Position:** _____

Height: _____ **Weight:** _____

Current or past soccer highlights: (i.e. ODP, All-America, All-State, etc...)

Insurance Information:

Name of Insurance Company: _____

Address: _____

City/State: _____

Insured's Full Name: _____

Relationship To Insured: _____

Group/Plan/Policy: _____ **ID/Subscriber #** _____

Employer: _____ **Effective Date of Coverage:** _____