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| Calendar  Description automatically generated with medium confidence | | Reference No.: BatStateU-FO-SDP-01 | | | | | | | Effectivity Date: June 26, 2023 | | | | | | | | | Revision No.: 01 |
|  | | | **STUDENTS/ATHLETES TRY-OUT FORM** | | | | | | | | | | | | | | | |
| Name: | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | |
| Highest Competition/League Attended:  Year / Achievement (specify) | | | | |  | | | | | | | | | | | | | |
| School Last Attended: | | | | | | | | | | | | | | | | | | |
| Former Varsity: Yes No | | | | | | | What Event: | | | | | | | | | | | |
| Contact Number: | | | | | Course Yr. & Sec.: | | | | | | | | | | | SR Code: | | |
| Campus: | | | | | Department/College: | | | | | | | | | | | | | |
| Age: |  | | Sex: |  | | | | | | Date of Birth: | | | | *Month / Day / Year* | | | | |
| Contact Person in case of Emergency: | | |  | | | | | | | | | | Contact Number of Guardian: | | | | | |
| Address of Guardian: | | |  | | | | | | | | | | | | | | | |
| Event/s: | | | Arnis Basketball Futsal Softball  Archery Billiards Karatedo Table Tennis  Athletics Chess Lawn Tennis Taekwondo  Badminton Cheerdance Sepak Takraw Volleyball  Baseball Dance Sports Soccer Others, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| Date of Try-out: | | |  | | | | |  | | | | Time: | | |  | |  | |
| Venue: | | |  | | | | |  | | | | Campus: | | |  | |  | |
| Person In-charge during Try-out: | | |  | | | | | | | | | | | | Contact Number of In-charge: | | | |
| Sports Head/Coordinator of the Campus: | | | | | |  | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Trainee Over Printed Name | | | | | | | | | | | Remarks: | | | | | | | |