

Fee Payment:

\$ _____

Cash

or

Check # _____

Rec. Initials

TEAM Basketball Try-out Participation Form

Returning Player

New Participant

Try-out

Jersey#

Shirt Color

Short Color

Name _____ DOB _____ Grade _____ School _____

Address _____ City _____ Zip _____

Phone _____ Mobile _____

Email (1) _____

Email (2) _____

I, _____, hereby give my permission for _____

to practice and tryout for TEAM Basketball. I understand that there are always risks associated with any competitive physical activities such as those I understand to be associated with TEAM Basketball and waive my right to prosecute the volunteers that will be working with my child. To the best of my knowledge my child has no physical ailments or health reasons that might consider them being precluded from participating in the TEAM Basketball tryout activities.

Parent/Guardian Signature _____

Relationship to Participant _____ Date _____

Coach Comments:

