

09.11.10

REDMOND SELECT BOYS' BASKETBALL
Try Out Registration Form Fall 2010

Player's Name: _____

Parent/Guardian's Name: _____

Home Address: _____

City/Zip: _____

Phone (H) & Phone (Cell) _____

E-mail: _____

Birth date: _____

Grade Fall 2010: _____

School Fall 2010: _____

Primary **residence is within LWSD RHS boundaries** (circle one): YES NO

Identify any **known or potential conflicts with the practice & game schedules** described in the Player/Parent Handbook from October through March 2011.

Pre-season (Oct-Nov): _____

Regular Season (Dec-Mar) _____

Waiver of Liability

In and for consideration of my son's participation in Redmond Select Boys' Basketball, I hereby agree and promise that I will not hold Redmond High School or/nor its employees, Redmond Select Boys' Basketball and Eastside Traveling League, or/nor their volunteers responsible for any loss, damages or personal injuries that he may receive as a result of participation. This Waiver of Liability expressly includes transportation to and from or in connection with said Program.

Signed: _____

Date: _____

(Parent or Guardian Signature Required **Prior to** Participation at Try Outs. **No exceptions** will be made.)

****TRYOUTS ARE CLOSED TO ANYONE OTHER THAN PARTICIPANTS AND COACHES****

To-be completed by Program volunteers at time of try-outs

_____ Proof of Residency

_____ Conflicts Identified

_____ Height

Try-Out # _____

Form v 1.1

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