



spring 2012

AAU Tryout Registration Form

All participants must have signed form along with \$20 fee to tryout

Name _____

Age _____ D.O.B. _____ Grade _____ Gender: (circle) M / F

Address _____

City _____ State _____ Zip _____

School _____

EXPERIENCE / SKILL LEVEL

2011-2012 Team(s) _____

Position(s) played _____

of years playing basketball in: Rec _____ Travel _____ AAU _____ school team _____

Parent / Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail 1 _____

E-mail 2 _____

RELEASE AND WAIVER

I, _____, hereby agree to indemnify and hold harmless Hoop Dreamz LLC its parent, subsidiary and affiliated entities and/or any officers, partners, members, directors, coaches, employees, servants, agents, licensees and assigns of any of the foregoing, from and against any and all suits, awards, claims, damages, liabilities, costs and expenses (including reasonable attorney fees and related costs) arising out of injury or damages to my child, _____, in connection with his/her participation in any Hoop Dreamz program. I hereby authorize Hoop Dreamz to act for me according to their best judgment in any medical emergency situations.

I understand that if my child makes the team, full payment must be made before he/she can participate.

Parent /
Guardian's Signature _____ Date _____