



Fall AAU 2010  
Tryout Registration Form

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

Check off division:

<u>Boys</u> <input type="checkbox"/> 9U <input type="checkbox"/> 10U <input type="checkbox"/> 11U <input type="checkbox"/> 12U <input type="checkbox"/> 13U <input type="checkbox"/> 14U <input type="checkbox"/> 15U <input type="checkbox"/> 16U
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<u>Girls</u> <input type="checkbox"/> 10U <input type="checkbox"/> 11U <input type="checkbox"/> 12U <input type="checkbox"/> 13U
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Name: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 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'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_