

YSSK Rep Basketball Tryout Registration Form

OFFICE USE - () Fee paid \$20.00 **OFFICE USE**- Day of Tryout – Player’s Assigned # ()

_____ Male / Female _____ / ____ / ____
Player’s Full Name Circle one Date of Birth: mm / dd / yyyy

Rep Team Trying Out For: U____ - _____ - Boys/Girls (circle one)
(Example: U10 – Novice Boys)

Name of Rep Team Coach: _____

_____ _____ _____
Home Address City Postal Code

_____ _____
Home Phone # Cell Phone #

E-mail Address (print clearly so we can contact you)

Parent/Guardian’s Full Name

Disclaimer: Basketball is an active athletic activity and may involve certain elements of risk. Injuries may occur while participating in our basketball tryouts; sprains, strains, and fractures of upper and lower limbs; dental injuries; head, neck and back injuries, allergic reactions, heat exhaustion, and fatigue. The York South Silver Knights Basketball Club does not provide accidental death, disability, dismemberment or medical expense insurance on behalf of players participating in this activity. If you choose for your son/daughter to participate in the tryouts, you must understand that you bear the responsibility for any injury that may occur. The chance of injury can be greatly reduced by carefully following instructions at all times when engaged in the activity.

Acknowledgement: I/We have read the above Disclaimer. I/We understand that by participating in the basketball tryouts, I/we are assuming the risks of doing so.

Signature of Parent/Guardian: _____

Date: _____

Please fill out the form, read the disclaimer, sign, date the form and hand it in at the registration desk, along with the \$20 fee, the day to the tryout. Fee can be paid in cash.

Please make sure you print your email address clearly. If it is not clear you may not be contacted.