Rep Basketball Tryout Registration Form

| OFFICE USE - () Fee paid \$20.00 | DFFICE USE - Day of Tr | yout – Player's Assigned # () |
|--|---|---|
| Player's Full Name | Male / Female Circle one | Date of Birth: mm / dd / yyyy |
| Rep Team Trying Out For: U (Example: U10 – Novice Boys) | Boys/Girls (circle one) | |
| Name of Rep Team Coach: | | |
| Home Address | City | Postal Code |
| Home Phone # | Cell Phone # | |
| E-mail Address (print clearly so we can co | ontact you) | |
| Parent/Guardian's Full Name Disclaimer: Basketball is an active a Injuries may occur while participating i upper and lower limbs; dental injuries exhaustion, and fatigue. The York accidental death, disability, dismember participating in this activity. If you ch you must understand that you bear chance of injury can be greatly reducengaged in the activity. | n our basketball tryou s; head, neck and ba South Silver Knights rment or medical expo loose for your son/da the responsibility for ced by carefully follow | its; sprains, strains, and fractures of ack injuries, allergic reactions, heat Basketball Club does not provide ense insurance on behalf of players tughter to participate in the tryouts, any injury that may occur. The wing instructions at all times when |
| Acknowledgement: I/We have read the participating in the basketball tryouts, I | | |
| Signature of Parent/Guardian: | | |
| Date: | _ | |
| Please fill out the form, read the dis along with the \$20 fee to the tryout. | | |

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

Any questions please e-mail the coach of the team involved directly (e-mail address listed on our Elite Rep Teams webpage). If you have any issues e-mail:

coachjoe@silverknightsbasketball.com