

2011 SPRING CLINIC REGISTRATION FORM THUNDERBIRD SELECT HOOPS

Player's Name:	
School:	Grade: (circle one) 4 5 6 7 8
Did you play with TSH last winter? Y / N	4th-7th graders only: Are you interested in trying out for the Thunderbird Select Hoops team next year? Yes / No / Maybe
Previous Basketball Experience: (circle all that apply) None / Recreational / Select / School Team	
Name of BOTH Parent(s)/ Guardian(s):	
Home Address:	
Home Phone:	
Mother's Cell Phone:	
Father's Cell Phone:	
Email Address(es): (This is important; we will use this address to contact you regarding future clinics/tryouts, etc.)	
Emergency Contact Name + Relationship:	
Phone Number:	
Known Medical Conditions we should be aware of:	
Check one: _____ (Circle 3 dates) _____ 3 sessions for \$45 Which dates (if known): Mon. 9, 16, 23 Wed. 11, 18, 25 _____ 6 sessions for \$80 (Make checks payable to Thunderbird Select Basketball ; bring to first clinic along with a basketball)	

I realize that participation in basketball could result in serious injury and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Thunderbird Select Basketball Program, coaches, organizers, sponsors, supervisors, and other participants from any claim arising out of any injury to my child whether the result of negligence or for any other cause. In case of an emergency during this Thunderbird Select Basketball Program activity, I authorize emergency medical treatment, as deemed necessary, to be rendered to the above child in my absence. I authorize any hospital and/or physician to perform emergency medical treatment as deemed necessary for any injury resulting from a Thunderbird Select Basketball Program activity. I certify that my child has no injury or illness which would limit his or her participation in the program.

Signature: _____ **Date:** _____

Relationship: _____