

## 2011 THUNDERBIRD SELECT BASKETBALL TEAM TRYOUTS REGISTRATION FORM

***YOU WILL BE NOTIFIED 2-5 DAYS AFTER THE LAST TRYOUT EITHER BY EMAIL  
OR BY PHONE OF YOUR SON'S STATUS WITH THE TEAM.***

***Please make sure you have listed the best contact information to receive this status information.***

<b>Player's Name:</b>	<b>Grade:</b> <i>(circle one)</i> <b>5   6   7   8</b>
<b>School:</b>	<b>Previous Basketball Experience:</b> None / Recreational / Select / School Team
<b>Name of Parent(s)/ Guardian(s):</b>	
<b>Home Phone:</b>	<b>Cell Phone #1:</b>
<b>Email Address(es):</b>	
<b>Home Address:</b>	
<i>My son lives within the Shorewood HS enrollment boundaries AND/OR my son attends a school that feeds into Shorewood HS (Einstein, Parkwood, Meridian Park, Room Nine, Echo Lake, Highland Terrace, or Syre)      <input type="checkbox"/> Yes      <input type="checkbox"/> No</i>	
My son participates in other activities that may impact regular attendance at TSH games and practices:  <input type="checkbox"/> Yes <input type="checkbox"/> No, I anticipate my son being able to attend most TSH activities	
If Yes, what is the activity and when do you anticipate it ending?	
<b>What days of the week create conflicts:    M   Tu   W   Th   F   Sa   Su    What time(s)?</b>	
<i>I understand this is a fee-based, non-profit program. Should my son be chosen for the team, the team fee for the season (\$375 for 5<sup>th</sup> &amp; 6<sup>th</sup> grade, \$425 for 7<sup>th</sup> &amp; 8<sup>th</sup> grade) will be due within approximately 2 weeks, unless prior arrangements have been made with the TSH board and the coach.      _____ <b>Initials</b></i>	

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 for any injury resulting from a Thunderbird Select Basketball Program activity.

**Signature:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date:** \_\_\_\_\_