

## 2010 THUNDERBIRD SELECT BASKETBALL TEAM TRYOUTS REGISTRATION FORM

<b>Player's Name:</b>	<b>Grade:</b> <i>(circle one)</i> <b>5</b> <b>6</b> <b>7</b> <b>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>Cell Phone #2:</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>	
<i><b>Note:</b> This is a fee-based, non-profit program. Should your 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 2 weeks, unless prior arrangements have been made with the TSH board and your coach.</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:** \_\_\_\_\_ **Date:** \_\_\_\_\_