



2018 Winter Tryout Registration – U10, U11, U12, U13, U14

Participant's Name _____ Grade _____

School _____ Team Trying out for _____

Position on Court: (circle) point guard off ball guard forward big athlete

Address _____

City _____ State _____ Zip _____

Name of Parent(s) _____

Home (____) _____ Cell (____) _____

E-mail address _____

Uniform Size: Jersey _____ Short _____

Preferred Jersey #: Choice #1 _____ Choice #2 _____ Choice #3 _____

Insurance Information _____

Name of insured	Company	Policy #
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I do hereby approve my child's participation in the N.E Basketball Tryout(s) on Sunday, December 3 and Sunday, December 10 at WMS/MCGLHS. I certify that my child is in good health and able to participate with no limitations. In the event that a medical emergency occurs and I am not on the premises or cannot be contacted, I give my permission to secure medical attention. Also, I hereby release Northern Exposure Basketball, GTACS/Saint Francis High School, and all the N.E coaches/volunteers of all liabilities due to an injury or illness. I also grant permission to N.E to utilize my child's photograph and in any/all promotional materials for N.E basketball.

Parent Signature _____ Date _____

Payment: Cash Check# _____ (Please make checks payable to Northern Exposure Hoops)