



Tryout # _____

Name: _____

Age: _____

Birth date: _____

Height: _____

Address: _____

School/Grade: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Prior Basketball Experience: _____

Parent/Guardian Names: _____

PERMISSION TO PARTICIPATE

I give my child permission to participate in the Central Maryland Attitude Girls AAU basketball tryout sessions, practices, games, and team events, if chosen. I understand the physical risks associated with basketball and to the best of my knowledge, state that my child is physically capable to participate.

WAIVER

As the parent or guardian of the above mentioned child, I authorize my child's participation in all activities involving the Central Maryland Attitude organization. I hereby hold harmless the Amateur Athletic Union (AAU), the Westminster Rec. Council, the Central Maryland Attitude organization and its staff, coaches, volunteers and participants.

Statement of Insurance

I grant permission for emergency first aid to be administered to my child. My child is covered under the following health insurance:

Insurance Company: _____

Policy #: _____

Parent/Guardian Signature: _____

Date: _____