



8334 Parkerhouse Path
Cicero, NY 13039
www.syracuseselect.com

2014 AAU Boys Basketball Tryouts

Registration Form

Please complete this form and mail it back to the above address. There is a \$25 (non-refundable) fee for tryouts payable by check, credit card or money order. (payable to Syracuse Select Basketball Club)

Players Name: _____

Age: _____ Grade: _____

Address (Street): _____

Address (City/State/Zip): _____

Birth Date: ____/____/____ Height: ____' ____" Weight: _____ lbs.

Parent/Guardian Name: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email Address: _____

Wavier and Release Of All Claims

Please read this form carefully and be aware that in signing this form and participation, you will be waiving and releasing all claims for injuries you or child may sustain out of this program.

I, parent or guardian of the above named player, hereby give approval and permission for participation in any and all Syracuse Select sports programs activities. I hereby grant permission to managing personnel or other Syracuse Select Basketball representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the player become ill or injured while participating in program activities when neither parent nor legal guardian is available to grant such authorization for emergency treatment. I assume all risk and hazards incidental to such participation, and do hereby waive, release, absolve, indemnify and agree to hold harmless Syracuse Select Basketball, sponsors, supervisors, and participants for any claim arising out of injury to the players. As the parent or guardian of the above named player, do hereby give my approval for his/her participation in all Syracuse Select Basketball activities. I understand that Syracuse Select Basketball may use photographs and videos taken during activities to promote its youth sport program. I have read and fully understand the above program details and waive and release all claims.

Parent or Guardian (Print Name): _____

Parent or Guardian (Signature): _____

Relationship: _____

Date: ____/____/____