

Future Spartans Basketball Program 2018-2019
TRYOUT REGISTRATION / Liability Release Form

Tryout Jersey # _____ Date _____

PLEASE FILL OUT ALL INFORMATION COMPLETELY AND LEGIBLY

Player Name _____

Player Height _____ Grade _____ School _____

Parents/Guardians Names _____

Home Phone _____ Cell Phone(s) _____

Email Addresses _____

Email Addresses _____

Parent Coaching / Team Parent Interest? Head:___ Assistant:___ Team Parent:___

Emergency Information: If we cannot contact parents, call:

Name Phone _____ Relationship _____

I/we (print Parent/Guardian names) _____ in return for my child's opportunity to participate in the Future Spartans (**FS**) Basketball tryouts and/or participation; do hereby exempt and release FS, its Coordinator(s), Advisors, Coaches, volunteers and other agents (including Corvallis School District 509J; fully understanding that there is **no affiliation** between FS and the District) from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I might sustain while participating in FS, whether or not such damage, loss or injury results from the negligence of FS, its Coordinator (s), Advisors, Coaches, volunteers and other agents(including 509J) or any defective equipment. I hereby authorize the staff of FS to act for me according to their best judgment in any emergency requiring medical attention. I hereby release, discharge, indemnify, and hold harmless FS from all liability, injuries, or illnesses incurred while participating in the tryouts and program. I understand and assume hazards associated with this activity and waive all claims against FS, its Coordinator(s), Advisors, Coaches, Volunteers and other agents (509J included) **I/we understand that if I/we do not sign this release, then my child will not be permitted to participate in FS Basketball tryouts or program.** Further, if our child is invited to participate in the program we agree to obtain and provide proof of AAU membership prior to the first practice. I/we hereby represent that I am/we are the parent(s)/guardian(s) of (insert athlete's name here)

Parent/Guardian Signature _____

Date _____