Permission to Try Out, Participate, Agreement to Pay, Permission to Treat and Release Form

Player's Name _____ D.O.B. _____ Grade Level ____ ☐ Male ☐ Female

Address _____ City _____ State _____ Zip Code _____

School _____ Home Phone: _____

Guardians' Name: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

I hereby give my son/daughter listed above permission to try out for the *Predator's Basketball Program* for the _____ season. I agree to pay the _____ tryout fee, and if he/she makes the team, I agree to pay a participation fee of _____, which includes the charge for practice facilities, game participation, team equipment and a uniform. (NOTE: If the player has a uniform from the previous season that can be reused there will be no uniform cost.)

I fully understand that these fees are nonrefundable regardless of injury or quitting the team. These fees do not include any traveling expenses such as mileage, meals, hotels or any type of entertainment.

☐ Need Uniform ☐ Already has uniform Amount Paid _____

I HEREBY RELEASE THE *Predator's Program*, sponsors, *The Gym of Springfield,* all facility owners, and their officers, directors, and employees for damages and/or injuries incurred while my son/daughter participate in the *Predators* and *The Gym of Springfield's* activities.

I certify that my son/daughter is in good health and is able to participate in all physical activities without restrictions. Should an injury occur, I agree to allow him/her to be treated by a licensed physician or paramedic.

I also consent to the use of my son/daughter photographs, to be published on the Predators website or to be used in a promotional capacity within the programs of THE GYM of Springfield.

_____ _____ _____

Print Parent/Guardian Name Parent/Guardian Signature Date

_____

Parent/ Guardian address if different than above