



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

Male Female
PLAYER'S NAME: D.O.B.
Home Address City State Zip Code
School: Grade Height: ft. in. Position:
School Coaches Name High School Graduating Class Year:

Guardian #1 Home # Cell #
Receive notification via text message? YES NO
Cell Provider - REQUIRED to receive text message-please check one below
Cingular/Att Verizon Nextel T-Mobil US Cellular Sprint
Email ALL NOTIFICATIONS ARE MADE VIA EMAIL AND OR TEXT MESSAGE

Guardian #2 Home # Cell #
Receive notification via text message? YES NO
Cell Provider - REQUIRED to receive text message-please check one below
Cingular/Att Verizon Nextel T-Mobil US Cellular Sprint
Email ALL NOTIFICATIONS ARE MADE VIA EMAIL AND OR TEXT MESSAGE

I hereby give my son/daughter listed above permission to try out for the Predator's Basketball Program. I agree to pay the \$30 tryout fee, and if he/she makes the team, I agree to pay a participation fee of _____, which includes the charge for coaching, practice facilities, game participation, and team equipment.
NOTE: If the player has a uniform from the previous season that can be reused there will be no uniform cost, otherwise there will be an additional uniform fee of \$130. Also, some organizations require player verification that may be an additional fee.
After Tryouts on a date specified by the coach, players will be notified by email regarding the team selections. Players not completing the Predator Registration Form and Permission to Treat Form will NOT be considered.
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.
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