 

**Team South Carolina Basketball Team Tryouts Registration Form**

**Athlete’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: MO: \_\_\_\_\_\_\_\_\_\_\_\_ DAY:\_\_\_\_\_\_\_\_\_\_\_ YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Contact/Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name(s): Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICAL WAIVER AND RELEASE**

I hereby authorize the staff of Team South to act for me in their best judgement in any emergency requiring medical attention and consent to the emergency medical treatment for my child on my behalf. I hereby approve of the participation of my child, the above-named Athlete, in the Team South tryout program. I hereby waive and release the staff of Team South, officers, directors, any facilities where tryouts, practices, or games will be played from any and all liability for injuries or damages arising from the results of the above-named Athlete’s participation. Basketball presents certain inherent risks and hazards, which the participating Athlete is urged to consider and which the Athlete assumes the outcomes of such risks and hazards. Due to the strenuous nature of basketball, the Athlete participating and their parents are urged to consult their physician concerning the Athlete’s fitness to participate. To the best of my knowledge, there are no physical or other conditions which will interfere with my child’s participation and I fully understand that my child, the above-named Athlete, may suffer injury as a result of participating, and I hereby release and hold harmless Team South, its officers and directors from any and all liability now or in the future, including but not limited to medical expenses, lost wages, pain and suffering, that may occur due to injury, however caused, whether occurring during or after my child’s participation in the activity or use of the conditioning and exercise equipment and facilities, regardless of fault. I, the minor’s parent and /or legal guardian, understand the nature of the above referenced activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I further attest, contract, acknowledge, and agree that I am legally bound by its content.

**PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRYOUT RULES and REGULATIONS**

1. I understand that all Athletes’ must try out and play in their Grade for which they are eligible per AAU Rules.

2. I understand that all Athletes’ trying out are eligible for the Local or National level team but may not make that team.

**PARENT INITIALS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team athlete played AAU with last year**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_