

Try out consent form



Player Information

Athlete's Name: _____

Date of Birth: _____ Grade: _____ School: _____

Player experience: (school, league, coach, year) _____

Parent/Guardian Information

Parent/Guardian: _____

Home address _____ City: _____

Home phone: _____ Cell Phone: _____

Email _____

Liability/Exclusion Waiver

I, the parent or guardian of _____ acknowledge that participation in athletic events necessarily involves risk of physical injury. In consideration for accepting the participation in try outs of said individual for this club basketball team, I hereby release, discharge and hold harmless the coaches, volunteers and representatives from any claims arising out of, or relating to any physical injury that may result to the said individual, while participating in tryouts for this club, including any physical injury caused by the negligence of any official referee or coach while performing his/her duties during tryouts for this club.

I also acknowledge, that my son's participation in these tryouts does not imply or guarantee a place within the Folsom Force Basketball Club membership and that the choice of players/members is at the sole discretion of the board and coaching staff. I also understand that the board or coaching staff may, outside of the tryout process invite a player to join the club. Additionally, I understand that Folsom Force player membership is open to not only Folsom residence but surrounding communities as well and that the board members of the Folsom Force will ensure that players who reside or who have parents or guardians that work with in the city of Folsom will comprise at least sixty percent of player membership.

Signature of parent/guardian

Relationship

Date

Sign in info:

Number: _____

Payment: _____

Officer: _____