

2018 Forest Hill Girls MD Mustang's AAU Basketball Tryout Registration Form

Forest Hill, Churchville, Hickory Fountain Green Rec Councils
Harford County Department of Parks & Recreation
www.foresthillrec.com

Tryout #: _____

(To be filled out at Tryout)

Player's Name: _____

Birthdate: _____

Age: _____

Address: _____

Height: _____

School/Grade: _____

Home Phone Number: _____

Cell Phone Number: _____

Email: _____

Prior Basketball Experience: _____

Current Team: _____ Coach: _____

Parent/Guardian Names: _____ / _____

Emergency Contact: _____ Phone: _____

Any medical/physical condition/allergy we should be aware of: Yes _____ No _____.

If yes, please explain: _____

I understand that I/my child will not be covered by any program insurance, and I agree that I will not hold the team, program, coach instructor, or recreation council responsible for injuries received while participating in the above noted program.

MINOR RELEASE: AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DISPIE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULTS OF ANY SUCH CLAIM.

Parents Signature: _____ Date: _____

Signature required for all participants under of 18 years of age.