



YOUTH BASKETBALL TRYOUT/PARTICIPATION FORM

Complete One Form Per Child

Participant's Name _____

Age _____ Gender: M F Date of Birth _____ Current Grade _____

Address _____

City _____ State _____ Zip _____

Parent/Legal Guardian's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

IN CASE OF EMERGENCY

Contact # 1

Contact # 2

Name _____

Name _____

Address _____

Address _____

Home # _____

Home # _____

Cell # _____ Work # _____

Cell # _____ Work # _____

Participant's Allergies: _____

Participant's Medical Conditions: _____

Participant's Physician _____ Physician's Telephone _____

WAIVER OF LIABILITY RELEASE FORM

I HEREBY REGISTER MY CHILD FOR Youth Basketball Tryouts with KC VIPERS and authorize the staff and coaches to direct him or her in participation of activities. I know of no mental or physical problems, which may affect his or her ability to safely participate in this activity. I authorize the staff or volunteers to attend to any health problem or injury to my child that may occur while participating. I hereby release and hold harmless the staff and coaches of KC VIPERS from any liability that may arise from my child's participation. I acknowledge that I am responsible for any medical expenses due to my child's illness or injury.

MEDIA RELEASE

I hereby authorize KC VIPERS to photograph, take motion pictures, take video footage, and/or make electronic sound recordings of my child (herein referred to as photographic or electronic reproductions). Further, I authorize the use of any such photographic or electronic reproductions of my child for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by KC VIPERS (I understand that my child may be identifiable from such photographic or electronic reproduction). I understand that there will be no financial or other remuneration for recording my child, either for initial or subsequent transmission or playback. I waive any rights, claims, or interest I may have to control the use of my child's identity or likeness in whatever media used.

Parent/Legal Guardian Signature _____ Date _____

FEES \$25 Tryout Should your child choose to play competitively after tryouts, a birth certificate must be provided as well as >> a \$65 one-time uniform fee and \$85/monthly fee (due 1st of each month)

Please circle player's shirt size >> YOUTH Small Medium Large ADULT Small Medium Large

For questions: Terry Cole, Head Coach, 913-617-5840