

# GIRLS CT. COBRAS AAU BASKETBALL

## 2016 TRY-OUT REGISTRATION FORM

DATE: SATURDAY OCTOBER 17, 2015

MERCY HIGH SCHOOL RANDOLPH RD MIDDLETOWN CT.



GIRLS	GRADE 5-6	8:00AM-10:00AM
GIRLS	GRADE 7	10:00AM-12:00PM
GIRLS	GRADE 8	12:00PM-2:00PM
GIRLS	GRADE 9	2:00PM-4:00PM
GIRLS	GRADE 10-11	4:00PM-6:00PM

Please mail registration form to the address below. All registration forms should be received by mail by October 15<sup>th</sup>.

When signing the below Ct. Cobra tryout waiver, you understand the following stipulations to become a team member.

NOTES: There will be a mandatory parent meeting prior to each tryout.

- Ct. Cobra practices and tournaments will take precedent over any other sport during our season.
- A \$400 Non Refundable Deposit MUST be sent within one week after accepting your position on a team.

SEND TO Ct. Cobras, P.O Box 375, Durham Ct. 06422

Call Director Russell Hill@ 860-798-4455 for information. Or visit [www.ctcobras.com](http://www.ctcobras.com)

**Please Print CLEARLY!**

Player's Name:

Last \_\_\_\_\_ First \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_

Zip \_\_\_\_\_ School Attending \_\_\_\_\_

Birth Date \_\_\_\_\_ Height \_\_\_\_\_ Grade \_\_\_\_\_ Basketball Position \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

E-mail is the way we communicate. PLEASE PRINT IT CLEARLY

E-Mail \_\_\_\_\_

Allergies/Medical Conditions/Medicines

I understand that participation in this (these) programs(s) involve risks of personal and bodily injury, including but not limited to paralysis, heart attack and death, as well as loss or damage to property. I realize that activities such as this may be inherently dangerous activities and my decision to participate in all such activities is made in full recognition of these risks and is entirely voluntary. In consideration of your acceptance of this application, I agree for myself, my heirs, successors, and assigns to hold harmless the Ct. Cobras, its affiliates, subsidiaries and any other entity associated with this (these) program(s), and each of their directors, officers, agents, representatives, employees, volunteers, successors and assigns from all liability an account of injury, loss claim, or damage to my body, health, well-being or property. I further authorize the personnel to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am responsible for all financial liabilities arising from a situation involving medical treatment. I agree that the terms of this release are applicable to any and all of my dependents that take part in this (these) programs (s). (Release applicable to phone registrations as well).

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_