

Edmonds-Woodway Boys Feeder Program
2011 Warrior Select Basketball Tryout Registration Form

At Edmonds-Woodway High School

7600 212th Street SW Edmonds, WA 98026

Please complete this form and bring it with you to your first tryout date.

Child's Name: _____ **School:** _____

Birth Date: _____ **Age:** _____ **Grade:** _____

Child's Primary Address (Street/City/State/Zip):

Parent 1 Name: _____ **E-mail:** _____

Home Phone: _____ **Cell Phone:** _____

Parent 1 Primary Address (Street/City/Zip) (if different than child's):

Parent 2 Name: _____ **E-mail:** _____

Home Phone: _____ **Cell Phone:** _____

Parent 2 Primary Address (Street/City/Zip) (if different than child's):

Emergency Contact Name: _____

Phone: _____ **Relationship:** _____

Please list any allergies or medical conditions your child has that we should be aware of:

Please list any medications that your child is taking that we should be aware of:

Please indicate how you heard about this team:

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in signing up and participating, you will be waiving and releasing all claims for injuries you or your child may sustain out of this program.

I, parent or guardian of the above named player hereby give approval and permission for participation in any and all Warrior Select Basketball youth sports program activities. I hereby grant permission to managing personnel or other Warrior Select Basketball representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in program activities when neither parent nor legal guardian is available to grant such authorization for emergency treatment. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless Warrior Select Basketball, sponsors, supervisors, participants and persons transporting the player to and from the activities, for any claim arising out of injury to the player. I/We, parent or guardian of the above named player, do hereby give my/our approval for his/her participation in all Warrior Select Basketball activities. I understand that Warrior Select Basketball may use photographs and video taken during activities to promote its youth sports programs. I have read and fully understand the above program details and waive and release all claims.

Parent or Guardian Signature: _____ **Relationship:** _____

Print Name: _____ **Date:** _____