

Sanford Sparks Basketball Club

Preseason Tryouts

(Only fill out if attending tryouts for the Sanford Sparks basketball team.)

Grades 5th-8th

Player's Name: Last _____ First _____

Age: _____ Jersey Number: _____ Jersey Color: _____

Home Address: _____

DOB: _____ School: _____ Grade: _____ C/O: _____

Player Phone Number: _____

Parent: _____ Phone: _____

Email: _____

Medical Limitations/Concerns: _____

ACKNOWLEDGEMENT OF RISKS:

The Undersigned understands that there are certain dangers, hazards, and risks (foreseen and unforeseen) inherent in attending and participating in the Sanford Sparks Basketball Club Tryouts. Including but not limited to, risks related to use of equipment and facilities, personal safety (including risks of minor, serious, or mortal personal injury), and risks of property damage.

In consideration of the attendance and participation in Sanford Sparks Basketball Tryouts and knowing the dangers, hazards and risks (foreseen and unforeseen) of attending and participating in the aforementioned activity, the Undersigned, for themselves, any other parent and the participant, understand(s) and agree(s) to RELEASE AND HOLD HARMLESS Sanford Sparks Basketball Club its affiliates and waive any claim for injury and damage resulting from the participant's attendance and participation.

Signature: _____ Date: _____

Signature: _____ Date: _____