

GIRLS CT. COBRAS AAU BASKETBALL

2020 TRY-OUT REGISTRATION FORM

DATE: SATURDAY OCTOBER 5TH, 2019

MERCY HIGH SCHOOL RANDOLPH RD MIDDLETOWN CT.



GIRLS	GRADE	4-6	9:00 AM-10:30 AM
GIRLS	GRADE	7-8	10:30 AM-12:30 PM
GIRLS	GRADE	9-11	12:30 PM-2:30 PM

Please mail registration form to the address below. All registration forms should be received by mail by **OCTOBER 3rd 2019 MAKE CHECK OUT TO CT. COBRAS**

\$10.00 REGISTRATION MAIL IN FEE

\$20.00 REGISTRATION FEE AT THE DOOR

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

- Ct. Cobra practices and tournaments will take precedent over any other sport during our season.
- A \$500 Non Refundable Deposit MUST be sent within one week after **ACCEPTING** your position on a team. This fee will be applied to your total team registration fee.

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

Call Director Russell Hill@ 860-798-4455, RUSSHILL2323@GMAIL.COM for information.

Or visit 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 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 _____