POTOMAC VALLEY THUNDER AAU BASKETBALL TRYOUT REGISTRATION FORM ELEMENTARY to MIDDLE SCHOOL GRADES

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The **Potomac Valley Thunder** and any facilities where the games/tryouts will be held or played or practices held assumes no liability for injury or damage arising from the results of participation unless due to willful fault or gross negligence on the part of the **Potomac Valley Thunder**.

Due to the nature of basketball, the participant is urged to consult her physician concerning her fitness to participate. Basketball presents certain inherent risks and hazards, which the participant and her parent or legal guardian is urged to consider, and which the participant assumes.

PARENTS AND PLAYERS: Please read and indicate your agreement by signing below.

I hereby approve my child's participation in the **Potomac Valley Thunder** tryouts, practice, and games, and I consent to emergency medical treatment for my child on my behalf. To the best of my knowledge, there are no physical or other conditions, which will interfere with my child's participation.

Athlete - Name	
Athlete - Home Address	
Athlete - Grade & School	
Athlete - Birth Date	
Parent - Name	
Parent - Mobile Phone #	
Parent - Email	
Parent - Signature & Date	

= = = BELOW TO BE COMPLETED BY REGISTRATION ATTENDANT = = = =

Tryout Number Assigned:	\$20 Fee Paid:	

POTOMAC VALLEY THUNDER AAU BASKETBALL TRYOUT REGISTRATION FORM

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Permission for Photographic Use

I grant Potomac Valley Thunder the right to use and publish photographs of my child or in which my child may be included for editorial, advertising and any other promotional purposes; and to alter and composite the same without my inspection or approval. I hereby release Potomac Valley Thunder from all claims and liability relating to the said photographs. This permission may be revoked upon my written notice to Potomac Valley Thunder.

YES

NO