



## AAU Tryout Registration Form

### Athlete Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (MM,DD, YYYY): \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

### Contact Information:

Parent/Guardian 1 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Release and Waiver:

I hereby agree to indemnify and hold harmless Reggie Stephens Foundation its parent, subsidiary and affiliated entities and/or any officers, partners, members, directors, coaches, employees, servants, agents, licensees and assigns of any of the foregoing, from and against any and all suits, awards, claims, damages, liabilities, costs and expenses (including reasonable attorney fees and related costs) arising out of injury or damages to my child, in connection with his/her participation in any Reggie Stephens Foundation program. I hereby authorize Reggie Stephens Foundation to act for me according to their best judgment in any medical emergency situations.

I agree. Parent/Guardian Signature: \_\_\_\_\_

### Agreement:

Once tryouts have been completed, each player will be contacted to inform them if they made a team. Participation in tryouts does not guarantee a position on a team.

I agree. Parent/Guardian Signature: \_\_\_\_\_