



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: _____