

BAY STATE JAGUARS TRYOUT REGISTRATION FORM

PLAYER INFORMATION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

SCHOOL: _____

PRIOR AAU EXPERIENCE: _____

OTHER AAU TEAMS YOU INTEND TO TRYOUT FOR: _____

PARENT/GUARDIAN INFORMATION

NAME: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

I _____ parent/guardian of _____ do hereby agree to his/her participation in the Bay State Jaguars AAU Basketball Club tryouts and hereby agree to hold the Bay State Jaguars AAU Basketball Club, as well as all coaches and administrators of the Bay State Jaguars AAU Basketball Club harmless for any and all injury, loss or damage suffered by the above-named participant and his/her immediate family as a result of his/her participation in said program.

PARENT/GUARDIAN

DATE