

#

Club use only!

Connecticut Storm 2010 Travel Team Tryout Registration

All blanks must be completed!

Name: _____ Home phone: _____-_____-_____

Address: _____ *Cell/Other phone: _____-_____-_____

Town/Zip _____ Birthdate: ____/____/19____

School: _____ Current school grade: _____

Height: _____ ft _____ in

Both parent (Guardian) names: _____

Please print

**Please include a second contact phone (if available) so we can contact you as soon as possible after the second tryout session.*

Circle strongest position played:

point guard shooting guard small forward large forward center

Email 1: _____ Email 2: _____

Email 1 should be the email that is frequently checked and will be the primary email contact from the club and team for practices, etc. Please include an additional email, if you wish club notifications to also go to a second email.

I waive and release the Connecticut Storm Girls Basketball Club and their coaches from any and all liability from injury while participating in the club travel team tryouts. If I am not present, I as parent or guardian grant permission for emergency medical treatment.

Parent signature: _____

Parent(s) name(s) (please print): _____