

Jersey Aces AAU Basketball Team Tryout/Registration Form

Athlete's Name: _____ Circle (M or F)

Date of Birth: _____ Grade: _____ Age: _____ Height: _____

Phone Number: ____ - ____ - ____ City: _____

Interested in Circle (Tournament and/or Local) (Any player who doesn't make tournament team will automatically be qualified for local league teams)

Parent Name _____ & Email: _____

Basketball Playing Experience:

Special Requests (No Guarantee/Will try our best to accommodate):

MEDICAL WAIVER AND MEDIA RELEASE

Jersey Aces Basketball and any facilities where tryouts, practices or games will be played will assume no liability for injury or damages arising from the results of the above named Athlete's participation unless due to the willful misconduct or gross negligence on the part of Jersey Aces Basketball, its affiliates, or agents. Due to the strenuous nature of basketball, the Athlete participating and their parents are urged to consult their physician concerning the Athlete's fitness to participate. Basketball presents certain inherent risks and hazards, which the participating Athlete is urged to consider and which the Athlete assumes.

I hereby approve of the participation of my child, the above named Athlete, in the Jersey Aces Basketball program and consent to the 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.

Parent Signature: _____

Date: _____