

# Registration for OYAA Travel Basketball Team Tryouts

REGISTRATION # \_\_\_\_\_ BOY \_\_\_\_\_ GIRL

\_\_\_\_\_ 4<sup>th</sup> GRADE \_\_\_\_\_ 5<sup>th</sup> GRADE \_\_\_\_\_ 6<sup>th</sup> GRADE

School attending this year \_\_\_\_\_

Player Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Parents/Guardians Names \_\_\_\_\_

Home Phone # w/area code (\_\_\_\_\_) \_\_\_\_\_

Cell or work Phone Number(s) \_\_\_\_\_

Email(s) \_\_\_\_\_

Birth Date (Month/Day/Year) \_\_\_\_\_

Player height \_\_\_\_\_ Player weight \_\_\_\_\_

Does your child have any prior medical or health problems that should be disclosed? Yes or No. If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following Hold Harmless Agreement must be read and signed by parents or legal guardians prior to participation in the OYAA travel basketball tryouts.**

The undersigned parent or guardian, in consideration of the acceptance of their child as a participant in the Olentangy Youth Athletic Association does hereby; 1) Agree to assume any and all risks and liabilities incidental to active participation in OYAA Basketball Programs by such child; 2) Agree to indemnify, defend, and hold OYAA Basketball, it's trustees, staff, officers, coaches, and all volunteer workers harmless and against any claims, demand and liability for any injury (property damage and loss or damage to personal property); 3) Acknowledge and understand that no medical insurance is maintained by OYAA Basketball, such insurance being the sole responsibility of each participant; and 4) Agree that prior medical and health problems must be disclosed by them to OYAA Basketball prior to any child being assigned to a team.

Signature of Parent or Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_