

Starting 5ive Basketball *Fall* *Tryouts 2011*



September 1 @ Ridgedale Middle 5:00pm – 8:00pm

STARTING 5IVE BASKETBALL TRYOUTS FA2011 REGISTRATION FORM

COST:\$25.00



Name _____ Address _____

Age _____ D/O/B _____ Grade _____ Gender _____

Telephone (H) _____ Cell _____ E-mail _____

Enclosed: Amt. \$ _____ Check no. _____ Signature _____

RELEASE AND WAIVER

I hereby authorize the agents of Starting 5ive to act for me according to his/her best judgment in any emergency requiring medical attention. I hereby release and discharge Starting 5ive, staff, affiliated entities and their officers, agents and employees from and against any and all liability or causes of actions arising out of or in connection with my or my child's participation in the program.

PARENT'S SIGNATURE _____ DATED _____

Mail to: Starting 5ive •PO Box 391. •Vauxhall •NJ •07088

Tele (201) 401-3790 Fax (973) 327-2045

E-mail: Tarik@starting5ive.com website: www.starting5ive.com