



WILMINGTON TRAVEL BASKETBALL, INC.

Tryout Registration Form

To be completed by a parent or legal guardian

Player's Last Name: _____ First Name: _____

Date of Birth: _____ Player's Grade in Fall: _____

Address: _____ Telephone: _____

_____ E-Mail: _____

Medical Issues: _____

Mother: _____ Father: _____ (or
legal guardian) (or legal guardian)

Emergency Contact: _____ Telephone: _____
(other than parents or guardians)

A **Travel** basketball team requires **consistent commitment** from its players.

Relative to other extracurricular commitments, will travel basketball receive top priority? Yes _____ No _____

Please explain the extent of any potential schedule conflicts: _____

Player Fee for the season is \$300.00, due within one week of team selection. All payments are made online through our registration system. Parents/Guardians will have an option to pay in full or pay in three installments. Players must purchase their own uniform at additional cost.

Registration and Consent Please Read and Sign

I, the parent or guardian of the registrant, a minor, recognizing the possibility of physical injury associated with basketball, and in consideration for Wilmington Travel Basketball, Inc. accepting the registrant for tryouts and possible team placement, hereby release, discharge, and/or otherwise indemnify the Wilmington Travel Basketball, Inc., its coaches, directors, its affiliated leagues, organizations and sponsors, their employees and associated personnel, including owners of the facilities utilized by Wilmington Travel Basketball, Inc., against any claim by or on behalf of the registrant as a result of the registrant's participation in tryouts and, if selected, in playing for a team.

Additionally, as the parent or guardian of the above named registrant, I hereby give my consent for emergency medical care prescribed by a fully licensed Doctor of Medicine or Doctor of Dentistry and/or emergency medical personnel. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

I also understand that Wilmington Travel Basketball, Inc. may post or publish a picture of my child on a web site or in print publications and that Wilmington Travel Basketball, Inc. may share my child's name and address with other basketball-related leagues or organizations.

Parent or Legal Guardian Signature: _____ Date: _____

NOT AFFILIATED WITH WILMINGTON PUBLIC SCHOOLS