



CT SPIRIT GIRLS BASKETBALL 2012 AAU Season Tryouts

Saturday, October 15th

**Bulkeley High School
300 Wethersfield Ave
Hartford, CT 06114**

Times:

5th-8th 3:30-5pm

9th-11th 5-6:30pm

Sunday, October 16th & 23rd

**Hartford Public High School
55 Forest St
Hartford, CT 06105**

Times:

5th-8th 9:30-11am

9th-11th 11-12:30pm

** Please arrive 30 minutes prior to the start of tryouts*

2012 Spirit Coaches

Shanice Billington	5th	Grade
John McClean	6th	Grade
Marc Williams	7th	Grade
Leanne Crockett	8th	Grade
Alfy Roby	9th	Grade
TBD	10th	Grade
Mark Borofsky	11th	Grade



"Don't *Play* Basketball - COMPETE"

P O Box 897 • Hartford, CT • 06143 / 860-478-8742 / ctspirit1@sbcglobal.net

www.connecticutspirit.org



P O Box 897
Hartford, CT 06143

Spring 2012 AAU Girls Basketball Tryout

Registration Form

Please complete this form and bring it with you to your first tryout date. There is a \$25 (non-refundable) fee for the tryout payable by cash, check or money order (payable to CT Spirit)

Player Name: _____

Age: _____ Grade: _____

Address (Street): _____

Address (City/State/Zip): _____

Birth Date: _____ Height: _____ Weight: _____

Parent/Guardian Name: _____

Home Phone: _____

Cell: _____

E-mail: _____

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in signing this form and participating, you will be waiving and releasing all claims for injuries you or your child may sustain out of this program.

I, parent or guardian of the above named player, hereby give approval and permission for participation in any and all Connecticut Spirit sports program activities. I hereby grant permission to managing personnel or other Connecticut Spirit representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in program activities when neither parent nor legal guardian is available to grant such authorization for emergency treatment. I assume all risks and hazards incidental to such participation, and do hereby waive, release, absolve, indemnify and agree to hold harmless Connecticut Spirit, sponsors, supervisors, and participants for any claim arising out of injury to the player. As the parent or guardian of the above named player, do hereby give my approval for her participation in all Connecticut Spirit activities. I understand that Connecticut Spirit may use photographs and video taken during activities to promote its youth sports program. I have read and fully understand the above program details and waive and release all claims.

Parent or Guardian (Print Name): _____

Parent or Guardian (Signature): _____

Relationship: _____ Date: _____

The Connecticut Spirit is a non-profit organization