

CT SPIRIT

P O Box 897 ♦ Hartford, CT ♦ 06143
860-478-8742 ♦ ctspirit1@sbcglobal.net
Tryout Registration Form

<u>CHK #</u>	€
<u>CASH</u>	€

Grade/Age: _____

Reversible Color: _____

Reversible #: _____

Last Name: _____ First Name: _____ MI: _____

Birth Date (mm/dd/yyyy) _____

Parent/Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

email address: _____

Height: _____

Position: Guard Forward Center

Is the player covered by health insurance? yes no

I know that my participation in AAU activities is potentially hazardous and can cause bodily injury or death. I clearly understand that, by signing this form and/or my involvement in AAU sports activities, I assume all risk for any injury resulting there from.

Parent/Guardian Signature

Date

Mail registration and \$25 non-refundable payment to CT Spirit (address above)

Mail by October 12, 2010; else/or bring to tryouts.
Please arrive to tryouts 30 minutes early.