



## Tri-Valley Playaz Boys AAU Tryouts/Registration Form 2018

2018 Tri-Valley Playaz Boys Basketball Tryouts Registration Form must be completely filled out and turned in before you are allowed to tryout. This year's tryout and registration fee will be \$20 dollars. If you make a team your money will go towards your fees. You must have your tryout fee the day of tryouts in the form of a check made out to the Rome YMCA or cash. No Exceptions!

Please circle the age group you are currently in. Remember the coaches will have the final say on all decisions regarding a player, playing up.

Circle your grade: (5<sup>th</sup> grade) (6<sup>th</sup> grade) (7<sup>th</sup> grade) (8<sup>th</sup> grade) (9<sup>th</sup> grade) (10<sup>th</sup> grade) (11<sup>th</sup> grade)

Name of player \_\_\_\_\_

Address \_\_\_\_\_

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

(Home#) \_\_\_\_\_ (Cell#) \_\_\_\_\_

E-Mail \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ # \_\_\_\_\_

Uniform Size \_\_\_\_\_ Player # from last year \_\_\_\_\_ List three #'s \_\_\_\_\_

Circle one: Fee: \$350 new player includes uniform, \$325 for new shorts/shirt, and \$300 for a returning player

Please read and sign medical waiver release and insurance information below:

I submit my son is physically fit to participate in strenuous athletic activity and waive the YMCA of the Greater Tri-Valley Association of any and all responsibility for injury or illness. I hereby authorize the directors/coaches of the YMCA Tri-Valley Playaz AAU Program to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses and must provide this organization with proof of medical and accident insurance before trying out, practicing or playing in any tournaments.

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

I have executed this tryout/registration waiver release and medical certification form with full knowledge of its contents.

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information:

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