

PLAYER REGISTRATION



PLEASE PRINT
LEGIBLY—
ROSTERS AND
CONTACT LISTS
ARE DEVELOPED
FROM THIS
INFORMATION

PLAYER INFORMATION

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|---|--|--|---------------------------|--|---|--|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Grade _____ | | | Birthday (mm/dd/yy) _____ | | | | Height _____ | | | | | | | | | | | | | | | | | | | | | | |
| TELL US ABOUT YOUR <u>WINTER TEAM</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School or Organization you play for: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grade level you <i>play</i> at: 4 5 6 7 8 9 10 JV V | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skill level (if applicable): A B C In House Best Position: 1 2 3 4 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address _____ | | | | | Parents CELL # | | | | | | | | | | | | | | | | | | | | | | | | |
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| City/State/Zip _____ | | | | | Players CELL # | | | | | | | | | | | | | | | | | | | | | | | | |
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| Email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Player requests to be teamed with the following players (*please include full name and city*)

NOTE: MINNESOTA HEAT MAKES NO COMMITMENT OR GUARANTEE TO PLACE ANY PLAYER WITH A REQUESTED PLAYER OR WITH ANY SPECIFIC TEAM OR COACH, OR TO PLACE EVERY PLAYER TRYING OUT ON A HEAT TEAM.

WAIVER, PAYMENT AGREEMENT, and MEDICAL INFORMATION

I give my son/daughter permission to tryout and play for a Minnesota Heat team. I understand that the fees I am responsible to pay are due at tryout, and that if my child does not make a team, I will be refunded all monies except tryout fee. I also know and accept that there will be no refunds after the first team practice should my child decide not to play or be unable to play for ANY reason. Additional, I agree to release Minnesota Heat Hoops LLC and all participating school districts and gym sites of all liability related to accidents during Heat tryouts, practices, or games. I also give permission for emergency medical procedures to be administered if I cannot be contacted in the event of an emergency. I also understand that if my child is injured post tryouts, I am still liable for the season payment and all refunds will be at discretion of the Minnesota Heat Hoops LLC Directors.

Health Insurance Company _____ Policy Number _____

Primary Care Physician _____ Phone _____

Medical Conditions or Information _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

For HEAT Staff Use Only TRYOUT NUMBER _____

\$15 TRYOUT FEE PAID? YES / NO CASH OR CHECK CHECK # _____

\$200 SEASON FEE PAID? YES / NO CASH OR CHECK CHECK # _____

NOTES: