PLAYER REGISTRATION

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

PLAYER INFORMATION

Name

Current Grade | Birthday (mm/dd/yy) | Height

How did you hear about Minnesota Heat? (check one) ☐**MYAS** ☐**BREAKDOWN** ☐**ONLINE SEARCH** ☐**FRIEND** ☐**SCHOOL/COMMUNITY TEAM** ☐**FLYER AT TOURNEY/EVENT** ☐**OTHER** _____

TELL US ABOUT YOUR WINTER TEAM

School or Organization you play for: _____

Grade level you ***play*** 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 #

City/State/Zip | Players CELL #

Email you check MOST OFTEN:

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

By signing below I agree to all of the following: I give my son permission to try out and play for a Minnesota Heat team. **I understand that the fees as outlined below are due at tryout, and that I understand the following refund policies: 1) If my son does not make a team, I will be refunded all fees paid except the tryout fee. 2) If my son makes a team and elects not to play any time BEFORE the second team practice, I will be refunded fees paid minus $100 plus the tryout fee. 3) If my son makes a team and elects not to play any time AFTER the second team practice, I will not receive ANY refund.** I also understand that if my son is placed on a "Premier" team that additional fees will be due after team formation to cover the costs of practice facilties/uniforms/additional tournament play. I agree to release Minnesota Heat Hoops 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 reached.

Heath Insurance Company _____ Policy Number _____

Primary Care Physician _____ Phone _____

Medical Conditions or Information _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR HEAT STAFF USE ONLY **TRYOUT NUMBER** _____ **TRYOUT DATE** _____

AMOUNT PAID $_____ (Must pay $350 for U10-U15 or $425 for U16/U17; plus $20 Tryout Fee for all)

NAME OF PAYER _____

FORM OF PAYMENT (check one) ☐ **CASH** ☐ **CHECK** ☐ **PAYPAL** ☐ **CREDIT CARD**