



Parent/Guardian Name(s) :
Parent/Guardian Signature(s):
Tryout Fee: \$ 20.00
Paid By:
Try-Out Number:
Division:
Date:
<i>** Calgary Storm Basketball Club Use Only **</i>

Player's Name: _____ M __ F __

Address: _____

Birth Date: _____ Alberta Health Care # _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email contact: _____

School Name _____ Grade (current) _____

Position normally played _____

Tryout Registration and Waiver Form

The undersigned being the parent or lawful guardian of the above named player hereby permits the said player to attend the Calgary Storm Basketball tryout, and agrees to waive all claims for losses, injury and damages suffered by said player while participating in the said tryouts. The undersigned agrees that the said waiver shall apply to the Calgary Storm Basketball Club, its directors, officers and coaches, and those responsible for the gymnasium in which the said tryouts occur.

The Calgary Storm Basketball Club expects players to develop their skills to greater levels through intensive training, tournament competition, skill development clinics, and top level coaching. Parental participation is a requirement of your child's membership in the program, if selected. Events that require assistance of all player families are tournaments hosted by the club through the season, fundraising events and/or corporate sponsorship donations.

Please indicate the areas where you are prepared to help if your child is selected.

1. Assist the team and coach in team organizational matters. _____
2. Assist in fundraising matters. _____
3. Assist in tournament matters. _____
4. Other _____