



FEE: \$25.00/player
PAID _____

Try-out Registration Form

Athlete: _____ DOB: ____ / ____ / ____

Grade: _____ School: _____ Uni. Size: _____ *please specify youth or adult*

Address: _____

City, State Zip: _____

Parent: _____ Phone: _____

_____ Phone: _____

Primary Email: _____

Emergency Contact: _____ Phone: _____

Liability, Medical & Photography Release

Liability Release In consideration of my child being allowed to participate in any way in the related activities at the event mentioned above, I, the undersigned, acknowledges and agrees that the risk of injury to my child from the activities involved at this event is significant and while particular rules, equipment and personal discipline may reduce the risk, this risk does exist; and For myself, my spouse and my child, I knowingly and freely assume all such risks and medical costs, both known and unknown, and assume full responsibility for my child's participation. **Medical Release** I hereby certify the child names in this form is in good health and is fully able to participate in all activities at the event mentioned above. Furthermore, I give permission for my child to receive emergency medical treatment if necessary. I understand that every attempt will be made to contact me and/or the emergency contact name on the form before taking this action. I will also be fully financially responsible for any medical attention needed during this camp or resulting from an injury received at this camp on a later date. My medical insurance shall be the coverage for any medical treatment. **Photography Release** I agree that Overtime Athletics LLC has the right to photograph or collect video of my child to use the photo and/or digital reproduction of my child or any other physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the internet or any other marketing tools.

Parent Signature: _____ Date: _____