

Connecticut Magic

(tryout application and waiver)

PLAYER INFORMATION

(PLEASE PRINT)

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone () - Age: _____ D.O.B. / /

Email Address: _____

Grade: ___ School: _____

Height: _____ Weight: _____ Adult Shirt Size: _____ Adult Short Size: _____

Are you presently covered by insurance: YES: _____ NO: _____

Did you play AAU last year: Yes: ___ No: ___

IF YES FOR WHOM (include age group) _____

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PARENT INFORMATION

Name: _____

Street Address: _____

City: _____ State _____ Zip Code _____

Home Phone: () - Alternate Phone: () - Work ___ Cell ___

Email Address: _____

For contact purposes only

I know that my participation in AAU activities is potentially hazardous and can cause bodily injury or death. I clearly understand that by signing this form and/or my involvement in AAU sports activities, I assume all risk for any injury resulting there from. In the event of an emergency, I hereby give permission to transport my child to a hospital facility and to seek medical attention.

The Connecticut Magic will publish names and schools of all players on our web site.

APPLICANT'S SIGNATURE PARENTS SIGNATURE

Connecticut Magic 104 Boardman St Bristol Ct 06010 www..connecticutmagic.com