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www.nelegendsbasketball.com

AAU Team Tryouts Registration Form

Athlete's Name:			
Date of Birth:		Grade:(as of 3/1)	
Current School			
Expected School			
Home Address			
Home Phone		Players Cell	
Players email			
Mother's Name			
Mother's Cell		Mother's Work	
Mother's email			
Father's Name			
Father's Cell		Father's Work	
Father's email			

MEDICAL WAIVER AND RELEASE

New England Legends Basketball, and any facilities where tryouts, practices, or games will be played will assume no liability for injury or damages arising from the results of the above named Athlete's participation unless due to the willful misconduct or gross negligence on the part of New England Legends Basketball, its affiliates, or agents. Due to the strenuous nature of basketball, the Athlete participating and their parents are urged to consult their physician concerning the Athlete's fitness to participate. Basketball presents certain inherent risks and hazards, which the participating Athlete is urged to consider and which the Athlete assumes.

I hereby approve of the participation of my child, the above named Athlete, in the New England Legends Basketball tryout program and consent to the emergency medical treatment for my child on my behalf. To the best of my knowledge, there are no physical or other conditions, which will interfere with my child's participation.

PARENT SIGNATURE: _____ **DATE:** _____