



SHARON BASKETBALL ASSOCIATION TRAVEL REGISTRATION TRY-OUT FORM

Player's First Name

Player's Last Name

Address

() _____
Home Phone

Sex (M/F)

Date of Birth

Grade (as of this Fall)

Primary e-mail

Alternate e-mail

Parent's Name(s)

Mobile Phone(s) / Work Phone(s)

Medical Concerns:

Vacation / Schedule Conflicts:

Try-Out Costs: *It is highly recommended to register in advance!* Costs: \$25 per player if you register in advance or \$30 if you register after September 15, 2010. No exceptions will be made. **Try-outs Dates:** Try-outs will be held during the week of September 20, 2010 at Mansfield Sports Plex (31 Oxford Road, Mansfield, MA). Please go to sharonbasketball.org for specific try-out times and dates.

Methods of Payment:

Please send this Registration form along with a check made payable to Sharon Basketball Association to: **SBA, c/o Jim Bender, 22 Juniper Road, Sharon, MA. 02067**. Please note the player(s) name(s) that will be trying out on your check. All payments must be received by September 15, 2010. A drop-box will also be available at the address listed above. If you have any questions, please send an email to Jbender@sovereignbank.com.

Liability Release:

Sharon Basketball Association, Sharon, MA. – General Release. I hereby acknowledge that participation in basketball try-outs and competition carries with it potential hazards. I, therefore, release the Sharon Basketball Association, its officers, and official designees, of liability in the event of injury or harm during the 2010 Sharon Basketball Association Try-outs held September 20th – 23rd.

Parent/Guardian Signature

Date

Internal Use Only

Try-Out No.: _____

Amt Paid: \$ _____

Cash: \$ _____

Check No.: _____