



## 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 16, 2011, no exceptions will be made. **Try-outs Dates:** Try-outs will be held during the weeks of September 19th and 26th, 2011 at Mansfield SportsPlex (31 Oxford Road, Mansfield, MA.). Please go to [www.sharonbasketball.org](http://www.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 16, 2011. A drop-box will also be available at the address listed above. If you have any questions, please send an email to [jimbender64@yahoo.com](mailto:jimbender64@yahoo.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 2011 Sharon Basketball Association Try-outs held in September.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### *Internal Use Only*

Try-Out No.: \_\_\_\_\_

Amt Paid: \$ \_\_\_\_\_

Cash: \$ \_\_\_\_\_

Check No.: \_\_\_\_\_