



Mighty Titans Tryouts Registration

Age: _____ DOB: _____ Height: _____ Weight _____

Player's Last Name: _____ First: _____ Current Grade: _____

Address: _____ City: _____ St: _____ Zip: _____

Parent/Guardian Name: _____ Cell Ph: _____

Parent/Guardian Name: _____ Cell Ph: _____

Email address: _____ Emergency Contact: _____

Player Jersey Size: ___ Player Short Size: ___ Preferred # on Jersey: ___ 2nd choice # ___

Experience Level? (Travel, AAU, Middle School) _____

Does your child have any disabilities, handicaps, present injuries or limitations, allergies, Hemophilia heart conditions, history or respiratory illness or other significant medical conditions? Yes No If yes, please explain: _____

****Include a copy of players birth certificate and most recent report card ****

DISCLAIMER: I hereby state the James "Benny" Washington, Sports/Mighty Titans Basketball Camp, Sponsors, Staff or Host Location is not responsible for any injury or illness of the above camper. Each camper has full responsibility for making sure all medical bills are paid in full. I also authorize staff to act for me in any emergency that requires medical attention for my child. I hereby waive and release the organization from all liability, injury, or illness incurred going to tryouts, practices and home. I, as a parent/guardian have actual knowledge and appreciation of the particulars of the program and hereby voluntarily consent to said minor participation and assume the risk arising therefore.

Signature of Parent/Guardian: _____

Date: _____