

**Tryout Bib #**  
\_\_\_\_\_



**OR**  
**Basketball Tryout Form**

Player Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address\*: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*Home Address districted to attend Johns Creek High School**

Previous Experience: \_\_\_\_\_

BB Program / School Attended \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell #2 (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Name to be notified in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

List current injuries \_\_\_\_\_ Give date of known injury \_\_\_\_\_

List all Allergies: \_\_\_\_\_

Physical concerns staff should be aware of: \_\_\_\_\_

**Please Read And Sign The Following Statement:**

I recognize there are inherent risks involved in this sport activity. In consideration of the services provided, I hereby release and hold harmless Johns Creek High School, the Fulton County Board of Education and Johns Creek Junior Gladiators Basketball, Inc., its directors, coaches and volunteers from any and all liability for injuries, including those resulting in death, and illnesses incurred while attending shoot arounds or occurring as a result of having attended the basketball tryouts. I certify that my child is in good health and is able to participate in all programs activities. Furthermore, in the event of an emergency requiring medical attention, I shall pay for the services rendered.

I understand that should my player be selected to participate in Junior Gladiator Basketball that I will be required to pay a program fee of \$500 unless other arrangements have been made with the Program Director. Regardless, I will be responsible for any other costs such as uniforms, spirit wear, outside coaching assistants, etc.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_