



2019 TRYOUT PRE-REGISTRATION FORM

5th-8th Grade Players Tryouts

PLAYER NAME: _____ AGE: _____

DOB: _____ PARENTS: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ MOM'S CELL: _____ DAD'S CELL: _____

MOM'S EMAIL: _____ DAD'S EMAIL: _____

PLAYER'S EMAIL: _____

PRESENT GRADE LEVEL (2018-2019): _____

HIGH SCHOOL PLANNING TO ATTEND: _____

I PLAN TO PLAY A SCHOOL SPRING SPORT (which sport): _____ I PLAN TO PLAY A SPRING CLUB SPORT: _____

I PLAN TO PLAY A CLUB SPORT OTHER THAN ACES THIS SUMMER (which sports/club): _____

POSITIONS PLAYED (circle all positions played): 1 2 3 4 5

Most Recent Season Stats (if known): ____ PPG, ____ RPG, ____ APG, Other Stats: _____

Please list the colleges that have contacted you to play basketball: _____

I/We _____ (print name of parent/guardian) being of lawful age and being the parent or legal guardian of the child listed above, hereby release the Purple Aces Basketball organization and any gym facility used and its officers, directors, coaches, administrators and all other persons, firms, or corporations of any liability and lawsuits resulting from injury or damages associated with tryouts that my child will be participating.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

PLEASE PRINT, COMPLETE AND BRING THIS FORM TO YOUR TRYOUT

****A NON-REFUNDABLE TRYOUT FEE OF \$10 WILL BE COLLECTED PRIOR TO TRYOUT****

****A PARENT/ATHLETE SIGNED CONCUSSION RELEASE FORM MUST BE COLLECTED PRIOR TO TRYOUT****

****AN ADDITIONAL \$250.00 DEPOSIT WILL BE COLLECTED PRIOR TO THE TRYOUT****

IF YOUR DAUGHTER MAKES THE TEAM THIS IS A NON-REFUNDABLE DEPOSIT. THE \$250 WILL BE RETURNED IF YOUR DAUGHTER DOESN'T MAKE THE TEAM.

Checks can be made out to: Purple Aces

FOR ADDITIONAL INFORMATION CONTACT CORDERO BARKLEY at (920) 492-9141