



# Girls Basketball Tryouts

for more information,  
email us at  
roswelljuniorbasketball  
@gmail.com

Tryouts are open to all students that are zoned to attend Roswell High School.

A fee of \$10 will be required in addition to a signed copy of this form (by player and parent) in order to participate in the tryouts.

If you have any questions about the tryouts or the Junior Hornets Basketball Program, please contact Program Director Eric Halpern at [roswelljuniorbasketball@gmail.com](mailto:roswelljuniorbasketball@gmail.com).

*Sun, Sep 16<sup>th</sup> @ Roswell High School*

**5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, & 8<sup>th</sup> Grade Girls**

2:45pm Register  
3:00pm - 5:00pm Tryout

*Second Day Tryout TBA By Team*

Please complete the form below in full. A parent or guardian must sign the Waiver of Liability section. **NO ONE WILL BE ALLOWED TO TRY-OUT WITHOUT THE FORM BELOW BEING COMPLETED AND SIGNED.**

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(PLEASE PRINT CLEARLY)

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_

School currently attending \_\_\_\_\_ Are you zoned for RHS? \_\_\_\_\_

Playing Experience: Yrs \_\_\_\_\_ Rec League \_\_\_\_\_ Travel/AAU/Feeder Program(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell/Alt Phone \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ Email \_\_\_\_\_

### PLEASE READ AND SIGN THE WAIVER STATEMENT BELOW:

I, the undersigned, understand and acknowledge participation in an athletic activity can be hazardous and can result in injury or death. I realize that no one should participate in an athletic activity unless the participant is medically able. I/We assume all risk associated with this activity including, but not limited to: travel, participation in away games and tournaments, falls, contact with other participants or equipment, effects of weather, equipment failure, and condition of playing area. I fully understand it is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant.

Having read this waiver and in consideration of acceptance of entry into the program, I and anyone entitled to act on my behalf waive and release the City of Roswell, Roswell Tip-Off Club, Roswell Jr. Hornets Booster Club and Board Members, the Fulton County Board of Education, Collegiate Prep Basketball, St. Francis School, Pleasant Hill Community Church, Team Coaches, Trainers, Representatives and Successors from all claims and liabilities of any kind arising out of my participation or my child's participation in this activity.

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

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_