



Permission to Try Out, Participate, Agreement to Pay,
Permission to Treat and Release Form

Male Female

PLAYER'S NAME: D.O.B. Grade School

Address City State Zip Code

Guardian #1 Home # Cell #

Receive notification via text message? YES NO Cell Provider - REQUIRED to receive text message-please check one below
Cingular/Att Verizon Nextel T-Mobil US Cellular Sprint Other

Email ALL NOTIFICATIONS ARE MADE VIA EMAIL AND OR TEXT MESSASE

Guardian #2 Home # Cell #

Receive notification via text message? YES NO Cell Provider - REQUIRED to receive text message-please check one below
Cingular/Att Verizon Nextel T-Mobil US Cellular Sprint Other

Email ALL NOTIFICATIONS ARE MADE VIA EMAIL AND OR TEXT MESSASE

I hereby give my son/daughter listed above permission to try out for the Predator's Basketball Program.
I agree to pay the tryout fee, and if he/she makes the team, I agree to pay a participation fee of,
which includes the charge for practice facilities, game participation, team equipment and a uniform.

NOTE: If the player has a uniform from the previous season that can be reused there will be no uniform cost.

After Tryouts on a date specified by the coach, players will be notified by email regarding the team selections. Players not completing the Predator
Registration Form and Permission to Treat, will NOT be considered.

Need Uniform Already has uniform Amount Paid

I fully understand that these fees are nonrefundable regardless of injury or quitting the team. These fees do not include any traveling expenses
such as mileage, meals, hotels or any type of entertainment.

I HEREBY RELEASE THE Predator's Program, sponsors, The Gym of Springfield, all facility owners, and their officers, directors, and
employees for damages and/or injuries incurred while my son/daughter participate in the Predators and The Gym of Springfield's activities.

I certify that my son/daughter is in good health and is able to participate in all physical activities without restrictions. Should an injury occur,
I agree to allow him/her to be treated by a licensed physician or paramedic.

I also consent to the use of my son/daughter photographs, to be published on the Predators website or to be used in a promotional capacity
within the programs of THE GYM of Springfield.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

Parent/ Guardian address if different than above

