



PRIDE BASKETBALL

Try-out Registration

Player's Name: _____ Date of Birth: ___/___/___ Age: _____

Address: _____ City: _____ St: _____ Zip _____

Parent/Guardian Name: _____

Home Phone: _____ Work/Cell: _____

Email Player: _____ Parent Email (required): _____

NOTE: PLEASE REVIEW THE NEW AGE DETERMINING DATE TO DECIDE WHICH TRY-OUTS TO ATTEND.

Do you plan to be involved in a second activity or sport this spring? ___Yes ___No. If Yes, what? _____

Are you available for practice 2-3 nights/wk and can you play in games most weekends? ___Yes ___No ___Maybe

If you're selected, will you attend the National Tournament with your team in June/July? ___Yes ___No ___Maybe

Your Current / Most Recent Basketball Team: _____ Coach: _____

Is the player already covered with Health & Accident Insurance? ___YES ___NO

Make Check Payable to: **Arlington Pride, Inc.**

Bring completed form, copy of birth certificate and a check for \$30.00 to assigned try-out

****Please visit www.arlingtonpride.com for dates, times and locations****

Questions: Call 703.980.0335 or email info@arlingtonpride.com

Parents and players, please read and indicate your agreement to the following:

I know that by my participation in AAU activities is potentially hazardous and can cause bodily injury or death. I clearly understand that, by signing this form, and/or participating in any AAU sports activity, I assume all risks for any injury resulting therefrom.

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

