



Winnipeg Team Mayhem Try-outs for 2017-18 Season

Paid \$ 35 Reg. Fee _____

Athlete's Name: _____ Birth date (DD/MM/YY): ____/____/____

Girls Try outs

Grade 4 (2008) _____ Grade 5 (2007) _____ Grade 6 (2006) _____ Grade 7 (2005) _____ Grade 8 (2004) _____

Grade 9 (2003) _____ Grade 10 (2002) _____ Grade 11 (2001) _____ Grade 12 (2000) _____

Boys Try outs

Grade 4 (2008) _____ Grade 5 (2007) _____ Grade 6 (2006) _____ Grade 7 (2005) _____ Grade 8 (2004) _____

Grade 9 (2003) _____ Grade 10 (2002) _____ Grade 11 (2001) _____ Grade 12 (2000) _____

Please note - You are allowed to try-out for a higher grade, but if your age does not match the appropriate grade, we will then classify you by Year of Birth, as per Basketball Manitoba guidelines.

Mother/Guardian Name: _____ Father/Guardian: Name _____

Home Address: _____ Area of Town: _____ Postal Code: _____

Home Phone #: _____ Parent/Guardian Cell #: _____

Player E-mail: _____ Parents' E-mail: _____

Number of years you have played Basketball for: _____. Please specify team, how many years.

1. _____ 2. _____

3. _____ 4. _____

To Parents:

I confirm that my child is participating at the try-outs in the hopes of making the team. We are here with the intention of accepting a position on the team if my child is offered. Read and Initial _____

Signed: _____ Date: _____ Player

Signed: _____ Date: _____ Parent/Guardian

If you have any questions about anything on this application, please contact Alex Barra. Thank you,

2016/17 Winnipeg Team Mayhem Try-out Waiver

I, hereby certify that I am the parent of the child, who is applying to take part in the Try-outs for the 2017/18 Winnipeg Team Mayhem Basketball Season.

I recognize the Try-out's will involve strenuous activity and certify that my child is fit to engage in activity of this sort.

I recognize the risks inherent in the activities proposed for the duration of the try-outs. In the case of emergency involving my child, I understand that the "Team Mayhem" representatives will make all reasonable attempts to contact me at the supplied telephone numbers on the registration form (Page 1.)

If Team Mayhem is unable to contact me, I hereby authorize "Team Mayhem" representatives, or nurse/physician selected by "Team Mayhem" representatives, or ambulance services to secure proper treatment for my child.

I therefore give my approval to my child's participation in all activities of the 2017/18 Team Mayhem Basketball Try-outs and assume all risks and hazards incidental to such participation and do waive, release, indemnify and agree to hold harmless, other than by willful default or neglect on their part, Winnipeg Team Mayhem Basketball , its volunteers and/or employees.

Name of Participant _____

Name of Parent/Guardian (Please print) _____

Signature of Parent/Guardian _____

Date signed _____