

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



☐ Male ☐ Female					
PLAYER'S NAME:	D.O.I	3	_		
Home				.	
Address	City			State _	Zip Code
School:	Grade	Height:	ft	in.	Position:
School Coaches Name	High School Graduating Class Year:				
Guardian #1					
Contact #	Email				
Guardian #2					
Contact #	Email				
I hereby give my son/daughter listed above permiss I agree to pay the \$30.00 (cash only) nonrefundable game participation, team equipment, and uniform.			participation	n fees, which	n includes the charge for practice faciliti
After Tryouts on a date specified by the coach, pla and Permission to Treat Form will NOT be consider		ding the team select	tions. Player	rs not comp	eting the Predator Registration Form
I fully understand that these fees are nonrefundable Hotels, or any type of entertainment.	regardless of injury or quitting the t	eam. These fees do	not include	any travelin	g expenses such as mileage, meals,
I HEREBY RELEASE THE <i>Predator's Program</i> , injuries incurred while my son/daughter participate				ers, directors	s, and employees for damages and/or
I certify that my son/daughter is in good health and to be treated by a licensed physician or paramedic.	is able to participate in all physical a	activities without res	strictions. S	Should an inj	ury occur, I agree to allow him/her
I also consent to the use of my son/daughter photog THE GYM of Springfield.	graphs, to be published on the Predate	ors website or to be	used in a pro	omotional c	apacity within the programs of
Print Parent/Guardian Name	Parent/Guardian Sig	nature		_	Date