

# TRYOUTS

## for

### Arvada West Girls Basketball Feeder Program (Gold Crown)

Sunday, August 25, 2019

Arvada West High School - 11595 Allendale Drive, Arvada, CO 80004

3<sup>rd</sup> – 6<sup>th</sup> grades      9:00 am to 10:30 am (parent meeting at 8:45)

7<sup>th</sup> and 8<sup>th</sup> grades      11:00 am to 12:30 pm (parent meeting at 10:45)

**\$10 non-refundable fee due at the start of the tryout. Pre-register at least 1 week prior to tryouts at <https://www.surveymonkey.com/r/JYRTRXD>**

Arrive 15 minutes early for a parent meeting. Bring your completed registration form and waiver (attached) and \$10 fee. Bring basketball shoes, a basketball, and water. Have your hair pulled back. **No parents in the gym during tryouts please!**

**Contact Lisa Schwien at 303-668-9411 if you have questions or if you cannot make it to the tryout.**



# Wildcats Girls Gold Crown Basketball Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Grade \_\_\_\_\_ Current School \_\_\_\_\_

Played basketball before? YES or NO # of Years Rec \_\_\_\_\_ # of years Comp \_\_\_\_\_

Home High School: \_\_\_\_\_ Future High School: \_\_\_\_\_

Explain (if different): \_\_\_\_\_

Address: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Mom's email: \_\_\_\_\_ Dad's email: \_\_\_\_\_

Mom's Cell Phone: \_\_\_\_\_ Dad's Cell Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy and/or Group Number \_\_\_\_\_

During Gold Crown Basketball season (November 2019 through February 2020) will there be any conflict with other athletic teams?

\_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

## PARENTAL RELEASE AND HOLD HARMLESS AGREEMENT

I understand that team members are expected to attend practices, obey team rules of coaches and obey rules of the Wildcats Girls Gold Crown Basketball. I, as a parent, pledge to demonstrate good sportsmanship and agree to abide by all Wildcats Girls Gold Crown Basketball rules and regulations. Those failing to do so will forfeit their registration fee and position on the team.

I/we the parent(s)/guardian(s) of the above named player understand there are inherent risks involved with sports participation and do hereby give permission for her to participate in any and all league activities during the named program. In consideration of the acceptance of the above entry as a member of the program conducted by Wildcats Girls Gold Crown Basketball, I do hereby waive, release and forever discharge any and all rights and claims for damages, which may hereafter accrue to me against Wildcats Girls Gold and their representatives or successors, and/or arising out of travel to and return from said activities conducted through the year.

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian