

SRRBBL Travel Tryout ROL

Player Name: _____

Grade: _____

Current School Attending: _____

Please provide answers as honestly as possible.

1. How many years have you played basketball? ()
2. Did you play travel basketball last season (circle Y/N)
3. Did you play AAU basketball this year? (circle Y/N)
4. Have you played in any All-Star games for SRRBBL?

Release of Liability and No Refund Policy

PARENT/GUARDIAN WAIVER FOR MINORS (under 18 years old) The Undersigned parent and or natural guardian do hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the SRRBBL Travel Team tryout and has agreed individually and on behalf of the child or ward, to the terms of the league accident waiver and release of liability. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all parties referred or associated with SRRBBL from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect on lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

I, _____ (Print Guardian Name), also understand there are **no refunds of the league registration** I have paid upon trying out for a travel team.

I understand that if my child does not make the travel team, they will be placed in the SRRBBL intra-league on a team to be determined after the draft.

_____ (Guardian Signature)