

ARIZONA STORM



Try-Outs 2009-2010

Mark With An "X" The Age Group You Are Trying Out For!

12's ___ 13's ___ 14's ___ 15's ___ 16's ___ 17's ___ 18's ___

If you are selected to play on one of our top age division teams,
are you able and willing to travel?

YES

NO

First Name _____

Last Name _____

Address _____

City & Zip _____

Home # _____

DOB _____

Age _____

In an Emergency during Try-outs Contact:

Name _____ Phone Number _____ Cell _____

_____ I have paid the \$30 Try-out fee and understand this money is non-refundable.

I (we) _____ the legal guardian of _____ authorize Arizona Storm VBC and all those associated with Arizona Storm VBC, to administer general first aid treatment for any injuries received to my child during clinics, tryouts and season. If their injury sustained is life threatening, or in need of emergency treatment, I authorize Arizona Storm VBC or its representative to summon any or all professional emergency personnel to attend, transport and treat my child. If the injury sustained requires hospitalization, I understand that my/our medical insurance company, is solely responsible for all bills and claims that may be filed as a result of any injury. By signing this medical release and liability form, I understand that I will not hold Arizona Storm VBC, Madison # 1 School, Arizona Region and their representatives responsible for any injury sustained to my child or for any other reason while my daughter is participating in the clinics, tryouts or season.

Legal Guardian Signature _____

Date _____