

FULLY AIR CONDITIONED FACILITIES



REGISTRATION FORM

1. Bring completed form to tryouts
2. \$25 tryout fee cash or check only
- * Checks payable to "AMoney Sportz"
3. Copy of birth certificate

Parent's Name _____ Last _____

Child's Name _____ Date of Birth ____/____/____

Gender _____ Grade _____ Height _____ Weight _____

Address _____

City _____ State _____ Zip _____

Playing Experience _____

Special Requests _____

Phone _____ Cell _____ Email _____

Emergency Contact _____

I hereby authorize the agents of AMoney /Gold's Gym to act for me according to his best judgement in any emergency situation requiring medical attention. I hereby release and discharge Amoney Sportz/Gold's Gym, Hoop Heaven, and employees from and against any and all liability or causes of actions arising out of, or in connection with mine, or my child's participation in the program.

Signature _____ Date ____/____/____

Jersey # (returning player's only) _____