

# SANTA FE YOUTH INDEPENDENT YOUTH BASKETBALL PROGRAM 2021 TRYOUT FORM

School: \_\_\_\_\_ Squad: \_\_\_\_\_ Tryout Date: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Asst. Coach: \_\_\_\_\_

**I, give permission for my child to tryout for the 2021 SFIYBP girls Basketball season.**

1. I agree that in case of injury, during tryouts, I will hold harmless anyone who is associated with the SFIYBP League including staff and coaches and also includes The Santa Fe Public School District in case of any injury. I understand that my personal health care insurance plan is to be used for any injuries. All liability will be assumed by me the undersigned, with the exception of the part which is covered by insurance.
2. I agree if my child makes the final roster, we are responsible for a registration fee as well as filling all registration forms required as well as the requirement to attend all parent meetings called by my child's coach and or a SFIYBP staff member.

Please note signature of parent/guardian implies consent and agreement of the provisions contained in this official participant contract.

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Participants name                      grade \* Parent(s)/Guardian(s) name (print)                      \* Parent(s)/Guardian(s) Signature

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