



**2008-2009**  
**Boys and Girls GRADES 3-8**  
**TRYOUT REGISTRATION FORM**

**Tryouts to be held on 10/11/08 and 10/18/08.**  
**Player participation required on BOTH dates**  
**Location: Hilton High School**

[www.hiltonbasketball.com](http://www.hiltonbasketball.com)

[www.hiltonselectbasketball.com](http://www.hiltonselectbasketball.com)

**7<sup>th</sup>/8<sup>th</sup> Grade (Boys and Girls) – 10:30AM - 12:00PM**

**5<sup>th</sup>/6<sup>th</sup> Grade (Boys and Girls) – 9:00AM – 10:30AM**

**3<sup>rd</sup>/4<sup>th</sup> Grade (Boys and Girls) – 8:00AM – 9:00AM**

**Registrations can be mailed in prior to 10/01/08 to:**

**Hilton Select Basketball**

**PO Box 288**

**Hilton, NY 14468**

**PARTICIPANT INFORMATION**

Player Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Grade (2008-2009) \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

Height \_\_\_\_\_ Please Circle: Male Female

**\*\*\*Parent volunteers will be needed throughout the season with various tasks.**

**Insurance Information**

*A participant is admitted only upon the expressed condition the he has current accident insurance (i.e. Blue Cross/Blue Shield).*

\_\_\_\_\_ -Insurance Carrier \_\_\_\_\_ -Group Number

\_\_\_\_\_ -Policy Number

I/We, the parents of the player named above do hereby give my/our permission to the player named above for participation in any and all activities during the current year and assume all risks and hazards incidental to the conduct of the program. I/we do release, absolve, indemnify, and hold harmless the organization, its sponsors and supervision, and in the case of injury, we waive all claims against the league and its officers.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_