

21 Legends Basketball Tryout Registration Form



Player Information

- Player Name: _____
 - Date of Birth: _____
 - Age Group (Select One): 12U 13U 14U 15U/16U
 - Current School: _____
 - Grade: _____
 - Position (if known): Guard Forward Center Not Sure
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Parent/Guardian Information

- Parent/Guardian Name: _____
 - Phone Number: _____
 - Email Address: _____
 - Emergency Contact Name: _____
 - Emergency Contact Phone Number:

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Medical Information

- Does the player have any medical conditions, allergies, or injuries we should be aware of? Yes No
- If yes, please explain: _____
- Is the player currently under medical care for any injury? Yes No

- **Primary Physician Name & Phone:**

- **Health Insurance Provider:** _____

Waiver & Release of Liability

I, the undersigned, acknowledge that participation in 21 Legends Basketball tryouts involves physical activity and potential risk of injury. I understand that 21 Legends Basketball, its coaches, and staff are not liable for injuries or medical expenses incurred during tryouts. I certify that my child is in good health and has permission to participate. In the event of an emergency, I authorize 21 Legends Basketball staff to seek medical attention for my child.

Parent/Guardian Signature: _____


Date: _____


Tryout Details

- **Date:** Saturday February 15, 2025
- **Time:** 12:00pm-1:15pm Boys Tryouts, 1:30-2:45pm Girls Tryouts
- **Location:** Bella Vista Elementary School Gym
- **Arrival Time:** Players should arrive **5-10 minutes early**
- **What to Bring:** Water bottle, basketball shoes, and athletic attire

Thank you for registering for 21 Legends Basketball tryouts! We look forward to seeing you on the court. If you have any questions, please contact us at:

 **Email:** 21legendsbv@gmail.com

 **Website:** 21legendsbv.com

 **Phone:** (530) 663-9108