



## 2019 FURY TRY OUT REGISTRATION FORM

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Boy Girl Grade: \_\_\_\_\_ Position: Guard Forward Center  
\* Grade As Of September 8<sup>th</sup> 2018

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

School District: \_\_\_\_\_

Parent's E-Mail (PRINT NEATLY) \_\_\_\_\_

Parent's Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Health Issues: \_\_\_\_\_

I understand that neither the Fury Basketball Club, North Country Fury Basketball Club, SuperCamps, nor the Host Facility provides insurance in any form for all TRY OUT involved participants, and that in the event of injury requiring treatment, hospitalization, and/or surgery, our family medical insurance must be used, and I further represent that such insurance will be in effect during my child's participation in the Tryout Session.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I definitely want a spot on the Fury Spring Roster \_\_\_\_\_

I am not sure I will accept a Fury Spring Roster Spot \_\_\_\_\_