

Pioneer Elite Basketball 2018– 2019 Tryout Registration Form

First Name: _____ Last Name: _____ Tryout #: _____

Parent/Guardian Name (s): _____ Phone: _____

E-mail: _____ DOB: _____ Grade: _____ School: _____

Emergency Contact #: _____ Emergency Contact Name & Relationship: _____

My child lives in or attends school in the Oregon City School District (required for participation). Yes _____

Financial Obligations/Other Requirements

Please review the financial obligations and other requirements for families and players. Signing below indicates your family understands and agrees to the requirements should your son be selected to a Pioneer Elite team.

Registration fees for Pioneer Elite teams for the upcoming season: All Grades: \$385

Practice jerseys may be purchased for \$12.00–\$14.00. Or, players may purchase one on their own or use one from another sport. Practice jerseys need to be red and white reversible, but a number is optional.

Payments for registration, uniforms, and practice jerseys are due at Registration Monday, Oct. 8 or Wednesday, Oct. 10. All financial matters must be taken care of in order for a player to be eligible to participate in Pioneer Elite activities. Someone from each family must attend the All Club Meeting on Monday, Oct. 22. I understand that my child's image may be used in fliers or other media relating to Pioneer Elite, its activities, or OCHS basketball. For more information please visit our website, www.ocpioneerelite.org or email us at ocpioneerelite@gmail.com.

Medical Care Consent & Release:

As a parent or legal guardian of _____ I hereby authorize any coach or other person associated with the Oregon City Pioneer Elite Basketball Association, on my behalf, to consent to any medical treatment that my child may require as a result of an injury or illness while participating in the program, including, without limitation, practice, travel and related activities. I understand that this authorization is to prevent undue delay and assure that my child receives prompt treatment, and that only licensed medical personnel will be engaged for such an emergency. Further, I hereby acknowledge that the Oregon City Pioneer Elite Basketball Association does not provide medical insurance of any kind for those participating in the program. Finally, basketball is a sport of physical exertion and should only be undertaken by those who are physically capable of participating. I authorize that my child has been cleared for sports participation by a licensed physician.

I/We do hereby agree to the Financial Obligations/Other Requirements and Medical Care Consent .

Parent/Guardian Signature Date