

# Marscilla Packer

PRESENTS

## OHIO QUEST TRYOUTS

February 9 , 2012

6:30pm – 8:30pm

Pickerington North High School

Grades 3rd – 9th

### 2012 Basketball Tryout Form

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INIT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ CELL# \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_

THIS RELEASE FORM MUST BE SIGNED BY A PARENT/GUARDIAN AND RETURNED TO OHIO QUEST TRYOUT STAFF ALONG WITH THE TRYOUT FEE OF \$10.00 AT THE TIME OF TRYOUTS. PLEASE MAIL REGISTRATION FORM TO MARCILLA PACKER, 12924 BENTWOOD FARMS DRIVE, PICKERINGTON, OHIO, 43147.

PARENT/GUARDIAN NAME \_\_\_\_\_ HOME# \_\_\_\_\_ CELL# \_\_\_\_\_

LIST ANY MEDICAL PROBLEMS OR PROHIBITION PLAYER HAS \_\_\_\_\_  
\_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_ PHONE# \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ E-MAIL \_\_\_\_\_

I, PARENT OR GUARDIAN OF THE ABOVE NAMED PLAYER HEREBY GIVE APPROVAL FOR PARTICIPATION IN ANY AND ALL OHIO QUEST (MP HOOPS, LLC) ACTIVITIES I HEREBY GRANT PERMISSION TO MANAGING PERSONNEL OR OTHR OHIO QUEST REPRESENTATIVE TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CLINIC SHOULD THE PLAYER BECOME ILL OR INJURED WHILE PARTICIPATING IN ACTIVITIES AWAY FROM HOME, OR WHEN NEITHER PARENT OR LEGAL GUARDIAN IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY TREATMENT. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS OHIO QUEST (MP HOOPS, LLC) SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING THE PLAYER TO AND FROM THE ACTIVITIES, FOR ANY CLAIMS ARISING OUT OF INJURY TO THE PLAYER, I/WE PARENT, GUARDIAN OF THE ABOVE NAMED CANDIDATE, DO HEREBY GIVE MY/OUR APPROVAL TO HIS/HER PRATICIPATION IN ALL ACTIVITIES.

SIGNED \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_