BOYS REGISTRATION

PLAYER INFORMATION

Name

Current Grade | Birthday (mm/dd/yy) | Height

How did you hear about Minnesota Heat? (check one) ☐ **MYAS** ☐ **BREAKDOWN** ☐ **ONLINE SEARCH** ☐ **FRIEND**
☐ **SCHOOL/COMMUNITY TEAM** ☐ **FLYER AT TOURNEY/EVENT** ☐ **OTHER** _____

Are you interested in our PREMIER (ELITE) PROGRAM? (if so, check boxes) ☐ **PREMIER 1** ☐ **PREMIER 2**
PREMIER PROGRAM DOES HAVE AN INCREASED COMMITMENT LEVEL AND ADDED COSTS

TELL US ABOUT YOUR WINTER TEAM

School or Organization you play for: _____

Grade level you ***play*** at: **3** **4** **5** **6** **7** **8** **9** **10** **JV** **V**

Skill level (if applicable): **A** **B** **C** **In House** Best Position: **Guard** **Forward** **Center**

Address | Parents CELL #

City/State/Zip | Players CELL #

Email you use MOST OFTEN

Player requests to be teamed with the following players (*please include full name and city*)

_____ _____

NOTE: MINNESOTA HEAT MAKES NO COMMITMENT OR GUARANTEE TO PLACE ANY PLAYER WITH A REQUESTED PLAYER OR WITH ANY SPECIFIC TEAM OR COACH, OR TO PLACE EVERY PLAYER TRYING OUT ON A HEAT TEAM.

WAIVER, PAYMENT AGREEMENT, MEDICAL INFORMATION

By signing below, I agree to all of the following: I give my son permission to try out and play for a Minnesota Heat team. I understand that the fees I am responsible to pay are due at tryouts, and I understand the following refund policies: 1) If my son does not make a team, I will be refunded all money paid minus the tryout fee. 2) If my son is placed on a team (Roster posting: April 4th) but elects not to play at any time BEFORE April 23rd, I will receive all money paid minus $100 and the tryout fee. 3) If my son is placed on a team but elects not to play at any time AFTER April 23rd, I will not receive ANY refund. I understand that transportation must be provided by the parent/guardian and that Minnesota Heat staff/coaches will not transport players. I understand that Minnesota Heat is a commitment and that player attendance at games and practices is expected unless prior communication is made to coach. I also understand that if my son is placed on a Premier Team that additional fees will be due after team formation, and that Premier Team players commit additional time and travel expense. I understand that credit cards left on file will be charged around April 30th for additional premier team dues. Additionally, I agree to release Minnesota Heat Hoops and all participating school districts and gym sites of all liability related to accidents during Heat tryouts, practices, or games. I also give permission for emergency medical procedures to be administered if I cannot be contacted in the event of an emergency

Heath Insurance Company _____ Policy Number _____

Primary Care Physician _____ Phone _____

Medical Conditions or Information _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR HEAT STAFF USE ONLY **TRYOUT NUMBER** _____ **TRYOUT DATE** _____

AMOUNT PAID $_____ **(Must pay $385 for Grades 4-8 OR $465 for 9-11; plus $20 Tryout Fee for all)**

NAME OF PAYER _____

FORM OF PAYMENT (circle one) **PAID ONLINE** **CASH** **CHECK** **CREDIT CARD**