PLAYER REGISTRATION

NAME: PARENT/GUARDIAN NAME:

CURRENT GRADE: BIRTHDAY (MM/DD/YY) HEIGHT:

HOW DID YOU HEAR ABOUT MINNESOTA P.R.E.P?

ABOUT YOUR WINTER TEAM:

School or Organization you play for:_____

Grade level you play at: 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 PHONE#:

_____ _____

CITY/STATE/ZIP PLAYERS PHONE#:

_____ _____

NOTE: MINNESOTA P.R.E.P 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 P.R.E.P TEAM.

I give my son/daughter permission to tryout and play for a Minnesota P.R.E.P. team. I understand that the fees I am responsible to pay are due at tryout, and that if my child does not make a team, I will be refunded all monies excluding tryout fees. I also know and accept that there will be no refunds after the first tournament game of a season has concluded should my child decide not to play or be unable to play for ANY reason. Additional, I agree to release Minnesota P.R.E.P. Basketball Organization and all participating school districts and gym sites of all liability related to accidents during MN P.R.E.P. tryouts, practices, or games. I also give permission for emergency medical procedures to be administered if I cannot be contacted in the event of emergency. I also understand that if my child is injured post tryouts, I am still liable for the season payment and all refunds will be at the discretion of Minnesota P.R.E.P. Founder & President, Dante' T. Rabb.

Heath Insurance Company_____ Policy Number:_____

Primary Care Physician _____ ___Phone:_____

Medical Conditions or Information:

_____

_____

Parent/Guardian Signature_____ Date_____

Parent/Guardian Email:_____