



2011 Spring BOYS AAU Tryout Registration Form

Participants Full Name: _____

Grade Level: (please circle) 4th, 5th, 6th, 7th, 8th, 9th

Previous Level of Play: _____

Tryout Attending: Wednesday, 2/16/11 5:30 -7:00PM (4th-5th-6th grades), 7:00-8:30PM (7th,8th, and 9th grades), Friday 2/18/11 5-6:30PM (4th, 5th, and 6th grades) and 6:30-8:00PM (7th, 8th, and 9th grades) , Saturday 2/19/11 1-2:30 PM (4th, 5th, and 6th grades) and 2:30-4:00PM (7th, 8th and 9th grades) It is suggested that a player attend all three tryouts.

Grade (as of 2010-2011 school year) _____

DOB _____

Additional Contact Information:

Address _____

E-Mail _____

Phone Number _____ (cell)

_____ (home)

Health and Wellness Waiver:

I hereby agree to indemnify and hold harmless Competitive Edge Sports KOP, Inc. and/or any officers, partners, members, directors, coaches, employees, servants, agents, licensees and assigns of any of the foregoing, from and against any and all suits, awards, claims, damages, liabilities, costs and expenses (including reasonable attorney fees and related costs) arising out of injury or damages to my child, _____, in connection with his/her participation in any Competitive Edge Sports KOP, Inc. program, league, tournament or other activity.

Date _____ Signature _____

Please send the Tryout Registration Form and a \$30 tryout fee (for 3 tryouts) to:

Competitive Edge Liberty 320 South Henderson Road, King of Prussia PA 19406
484-231-8180 www.cesports.net stulleners@cesports.net



2011 Spring GIRLS AAU Tryout Registration Form

Participants Full Name: _____

Grade Level: (please circle) 4th, 5th, 6th, 7th, 8th, 9th

Previous Level of Play: _____

Tryout Attending: Wednesday, 2/16/11 5:30 -7:00PM (4th-5th-6th grades), 7:00-8:30PM (7th,8th, and 9th grades), Friday 2/18/11 5-6:30PM (4th, 5th, and 6th grades) and 6:30-8:00PM (7th, 8th, and 9th grades) , Saturday 2/19/11 1-2:30 PM (4th, 5th, and 6th grades) and 2:30-4:00PM (7th, 8th and 9th grades) It is suggested that a player attend all three tryouts.

Grade (as of 2010-2011 school year) _____

DOB _____

Additional Contact Information:

Address _____

E-Mail _____

Phone Number _____ (cell)

_____ (home)

Health and Wellness Waiver:

I hereby agree to indemnify and hold harmless Competitive Edge Sports KOP, Inc. and/or any officers, partners, members, directors, coaches, employees, servants, agents, licensees and assigns of any of the foregoing, from and against any and all suits, awards, claims, damages, liabilities, costs and expenses (including reasonable attorney fees and related costs) arising out of injury or damages to my child, _____, in connection with his/her participation in any Competitive Edge Sports KOP, Inc. program, league, tournament or other activity.

Date _____ Signature _____

Please send the Tryout Registration Form and a \$30 tryout fee (for 3 tryouts) to:

Competitive Edge Liberty 320 South Henderson Road, King of Prussia PA 19406
484-231-8180 www.cesports.net stulleners@cesports.net