



Central Texas STARZZ

Tryouts Waiver Form

Players Name: _____ Male Female

Age: _____ Grade: _____ Birthdate: _____ School: _____

Parent/Guardian Name: _____ Phone: _____

Home Address: _____

Cell Phone: _____ Email: _____

PARENTAL AUTHORIZATION: I, _____ give permission for my child to participate in basketball tryouts sponsored by the Central Texas STARZZ. In consideration of the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Central Texas STARZZ, City of Copperas Cove, the Copperas Cove ISD, or any of their agents, employees, officers, coaches, leaders, organizers, or sponsors harmless or responsible for any injury, illness or death incurred as a direct or indirect result of activity during these tryouts. I, the undersigned, have read this release and understand all of its terms and execute it voluntarily and with full knowledge of its significance.

Parent/Guardian _____ Date _____