

Middlesex Rage Basketball Club
AAU Basketball for Boys and Girls

Tryout Application

Child's Name: _____

Date of Birth: ____/____/____

Grade: _____

Child SS# _____

Parent or Guardian: _____

Address: _____

City: _____ **Zip:** _____ **Phone:** _____

I understand that neither the Middlesex Rage Basketball Club nor anyone associated with the club will assume responsibility for accidents and medical or dental expenses incurred as a result of participation in this program. The applicant is in good health and able to participate in the physical activity of a vigorous program.

Signature of Parent or Guardian: _____

Date: _____

Mail completed application to:

Middlesex Rage Basketball Club
9 Copper Knoll Road
Cromwell, CT 06416