

AGREEMENT TO TRY OUT FOR BASKETBALL

Candidate Name _____

Age _____ Teacher _____

Parent(s) Name (s) _____

Address _____

City _____ Zip _____

Home Phone _____ Cell _____

_____ has my permission to play basketball. I understand that I will be responsible for all fees and expenses for my son if he is selected for the squad. It is my intent to do my best to have him at all practices, games and events where Calvary Christian School basketball players are participants. I read over the eligibility requirements with my son and agree to abide by all requirements.

Parent signature _____

Parent signature _____

Candidate signature _____