

Jersey Shore Hurricanes Grades

5th, 6th, 7th, 8th, 9th, 10th, 11th
Girls / Boys

Please circle age group

TRY OUT Data Sheet!

Please Print

Player's Name _____

Home Address _____

City _____ State _____ Zip _____

School Name _____

Parents Phone _____

Parents Email _____

Date of Birth _____ Age _____ Grade _____

I, the undersigned, agree my son/daughter is physically fit to participate in strenuous athletic activity, and waive JERSEY SHORE HURRICANES, and its officers and employees of any and all responsibility for injury or illness. I hereby authorize the directors of JERSEY SHORE HURRICANES to act for me according to their best judgment in any emergency requiring medical attention. I also understand that I am solely responsible for the payment of any such medical expenses.

Signature of
Parent/Guardian _____