

# SOUTH CAROLINA HEAT

## TRAVEL BASKETBALL



### SOUTH CAROLINA HEAT TEAM TRYOUTS

WILL BE HELD FEBRUARY 15<sup>TH</sup> AT NEW BEGINNINGS UNITED METHODIST CHURCH

TRYOUTS WILL ALSO BE HELD FEBRUARY 22<sup>ND</sup> LOCATION TBA

9<sup>TH</sup>-12<sup>TH</sup> GRADE BOYS & GIRLS: 1pm-2:30pm; 6<sup>TH</sup>-8<sup>TH</sup> GRADE BOYS & GIRLS: 2:30pm-4pm 4<sup>TH</sup> -5<sup>TH</sup> GRADE BOYS & GIRLS: 4pm-5:30pm;

**\$10 TRYOUT FEE (Non-refundable)**

**Athlete's Name** \_\_\_\_\_

**Birthdate** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Current Age** \_\_\_\_ **Current Grade** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email** (*must have for updated practice/schedule info*) \_\_\_\_\_

**Parent/Guardian Contact Phone #** \_\_\_\_\_ **Other Phone #** \_\_\_\_\_

By signing below, I claim that my son/daughter has had a physical and is cleared to play basketball which is an intense activity. I am the parent/legal guardian and have the authority to release South Carolina Heat and New Beginnings UMC from any charges related to an injury occurring at this volunteered activity.

**NAME OF PARENT/LEGAL GUARDIAN (please print)** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_