



CHESTERFIELD YOUTH DEVELOPMENT ASSOCIATION  
**RICHMOND ELITE**  
**TRYOUT APPLICATION**

Name \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_ Height \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

School Team Experience \_\_\_\_\_

AAU Team Experience \_\_\_\_\_

In an emergency contact:

Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Medical conditions \_\_\_\_\_

Player's Physician \_\_\_\_\_ Weekday Phone \_\_\_\_\_ Weekend Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I understand there are several inherent risks involved in athletic participation in the sport of basketball and I voluntarily assume all such risks. I, intending to be legally bound, do hereby, for myself, the athlete, heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which may have or which may hereafter accrue to the athlete against Chesterfield Youth Development Association (CYDA), the Virginia Association of the Amateur Athletic Union, the Amateur Athletic Union of the US, the National AAU Committee, the sponsors and officials of any basketball event in which Chesterfield Youth Development Association (CYDA) participates in, the owners of facilities in which events, scrimmages, or practice sessions are held, or any other support group of organizations, and their respective directors, officers, agents, members, coaches, sponsors, parents, volunteers, representatives, successors, and assigns for any and all damages which may be sustained and suffered by the athlete in connection with his or her entry or participation in any basketball event, scrimmage, or practice session involving Chesterfield Youth Development Association (CYDA) whether or not sanctioned by the AAU or any governing body or which may arise out of traveling to and from said events including lodging.

I, or we, grant to the coach, adult volunteers, tournament directors, or other assigned chaperones to act as guardian/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child while en route to or from or at the site of any basketball event, scrimmage, or practice session. Should a health emergency arise such medical treatment as deemed necessary by competent medical personnel is authorized.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_