FAIRFAX STARS BALTIMORE TRAVEL BASKETBALL PROGRAM

**Tryout Age/Gender:**

**(Registrar to Complete)**

**Player Tryout# Assigned:**

\_\_\_\_\_\_\_\_\_\_\_

**(Registrar to Assign)**

**2018 TRYOUT REGISTRATION FORM**

**$35 Early Bird Registration Fee-Payment must be received 1 week prior to 1st tryout to qualify.**

**$45.00 Registration Fee-less than a week before tryouts/ on-site registration**

**You can mail to Fairfax Stars, 2801 Glade Vale Way, Vienna, VA 22181 with check or cash or payment can be made online at** [**www.fairfaxstars.org**](http://www.fairfaxstars.org)**. Registration forms can also be emailed to us at fairfaxstars@aol.com or fsbassisant@gmail.com. There are NO refunds for any registration fees!**

***When you arrive to tryouts there will be an additional waiver sheet that will need to be signed by the player’s parent/ guardian-please plan accordingly or request a copy of that form to sign and submit in advance.***

# GIRLS Age Group

5th grade as of Fall 2017 5th grade/11u

6th grade as of Fall 2017 6th grade/12u

7th grade as of Fall 2017 7th grade/13u

8th grade as of Fall 2017 8th grade/14u

10th grade as of Fall 2017 10th grade/16u

11th grade as of Fall 2017 11th grade/17u

\*If a coach plans on playing in AAU or NCAA events there may be more detailed age requirements.

## IMPORTANT – Please Complete Legibly

Child’s Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_ **GRADE \_\_\_\_\_**

Grade(s) trying out for: \_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **AGE \_\_\_\_\_**

City/St/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School or Middle School child attends (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HS City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(H) Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (H) Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Alternate Phone) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Child’s Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_\_\_

Dad’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mom’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Name of Person Completing Registration Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INTERNAL USE:**

Paid by Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_ Name on check if different from above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paid by Cash \_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_ Waiver Form Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_