

**WESTERN FAIRFAX BASKETBALL CLUB**

**2011 Tryout Form**

*Fees \$25 - Fees are Not Pro-Rated and are Non-Refundable*

If you have questions please contact Ed Knox  
[mustangs@westernfairfaxbasketballclub.com](mailto:mustangs@westernfairfaxbasketballclub.com) (571) 334-4214

*(Please print clearly)*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_ School: \_\_\_\_\_

Previous AAU and/or Travel Team Experience

\_\_\_\_\_

Position(s) Played: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Do you plan to be involved in a second activity or sport this spring?

Yes  No. If Yes, what? \_\_\_\_\_

I, (Parent/Guardian) \_\_\_\_\_, certify that my child is in good physical condition, is fit to participate with the Western Fairfax Basketball Club (WFBC) and suffers from no physical impairment that might be aggravated by said participation. I certify that my child is covered by medical insurance, and that I will not hold WFBC or its staff responsible for any injuries to my child that may occur during participation with WFBC.

[www.WFBCEAAU.com](http://www.WFBCEAAU.com)