

LIGHTS OUT BALLERS

Tryout Registration Form

2026 AAU Season

Player's Name: _____ Age _____

Male ____ Female ____ Grade ____ DOB _____

School Attending: _____

Phone: _____ Email: _____

Parent/Guardian's Name: _____

Parent Phone: _____

Parent Email: _____

Waiver

This waiver is a consent form giving your son/daughter permission to participate in Tryouts. This consent form allows your child to practice and play in tryouts. It is also a waiver of injury. Guardians understand that Lights Out Ballers, Inc is not liable for any injuries that may occur while participating in these sports, whether games (home or away) or practice. I, the parent/guardian of the registrant, a minor, do agree and will abide by all the rules of the Lights Out Ballers (LOB). I recognize the possibility of physical injury associated with participating in LOB sponsored activities, and in consideration for the LOB providing these activities, do release the LOB and its staff members from all liability for any injuries sustained while on LOB property and/or participating in LOB activities.

Initial of Parent/Guardian

Date

Email to: lightsoutballers@yahoo.com when complete!!