



## CONNECTICUT BANDITS AAU BASKETBALL

### Girls 2008 Fall Tryout/Clinic

The Connecticut Bandits Girl's AAU Basketball Program will enter its eleventh season. This year we will feature travel teams for girl's ages 10 - 17 years of age. Various fundamental basketball skills will be taught at each clinic. During the clinics, coaches will also be looking for the top players in each age group to form select travel teams. Players should bring their own reversible shirts.

The tryout clinic fee will be \$25.00 per player.

**Please make checks payable to Connecticut Bandits, 530 Huckleberry Hill Rd., Avon, CT 06001.**

The tryout clinic schedule is as follows:

Oct. 18, 2008	Bristol Eastern High School 632 King St., Bristol, CT 06010	9:00 a.m. - 11:00 p.m. 10U,11U,12U,13U 11:00 p.m. - 1:00 p.m. 14U,15U,16U,17U
Oct. 25, 2008	Bristol Eastern High School 632 King St., Bristol, CT 06010	9:00 a.m. - 11:00 p.m. 10U,11U,12U,13U 11:00 p.m. - 1:00 p.m. 14U,15U,16U,17U

We look forward to seeing you in October! If you have any questions about our tryouts or program, please feel free to contact me at **(860) 673-4150** phone (& fax) number or by email, [atonyfloyd@comcast.net](mailto:atonyfloyd@comcast.net) or you can visit us on our website at [www.connecticutbandits.org](http://www.connecticutbandits.org)

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PLEASE CUT ALONG DOTTED LINE

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

GRADE \_\_\_\_\_ ADULT SHIRT SIZE \_\_\_\_\_ ADULT SHORT SIZE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

SCHOOL \_\_\_\_\_ Are you presently covered by health and accident insurance? YES \_\_\_ NO \_\_\_

I know that my participation in AAU activities is potentially hazardous and can cause bodily injury or death. I clearly understand that by signing this form and/or my involvement in AAU sports activities, I assume all risk for any injury resulting there from. In the event of an emergency, I hereby give permission to transport my child to a hospital for medical facility and to seek medical attention. \* No refunds

**PRINT PARENT(S) NAME** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_