



Dear Prospects/Parents,

I want to thank you for your interest in trying out for an East Coast Fusion travel team this spring. We are very excited about this season and the continued growth of our program. Fusion has come a long way in the past 7 years and we expect great things out of our players and parents this season.

In order to have things run as efficiently as possible at tryouts, we'd like you to fill out the attached paperwork prior to the tryout date. Bring the filled out forms with you to tryouts along with the \$10 tryout fee. If your son makes one of the travel teams, this \$10 fee will go towards their first payment.

Our program can't succeed without the continued support and encouragement from our parents. We want to thank you in advance for your commitment to our program. Together we can change the lives of our youth. As always, feel free to contact me if you have any questions (434-242-5537) prior to the tryout. Take care.

Sincerely,

A handwritten signature in black ink that reads "Cade".

Cade Lemcke  
Program Director



Prospect Name \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Email Address \_\_\_\_\_

Mom's Name \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Dad's Name \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Mom's Email \_\_\_\_\_ Dad's Email \_\_\_\_\_

Please check the team(s) you are trying out for:

**Virginia Teams (and bordering states)**

- U13 – 6<sup>th</sup> & 7<sup>th</sup> graders
- U14 – 8<sup>th</sup> graders
- U15 – 9<sup>th</sup> graders
- U16 – 10<sup>th</sup> graders
- U17 – 11<sup>th</sup> graders and Prep School candidates

**New York Teams (and bordering states)**

- U13 – 6<sup>th</sup> & 7<sup>th</sup> graders
- U14 – 8<sup>th</sup> graders
- U15 – 9<sup>th</sup> graders
- U16 – 10<sup>th</sup> graders
- U17 – 11<sup>th</sup> graders and Prep School candidates

The cost for each team varies based on the number of tournaments and cost of the tournaments/accomodations. For specific details on the cost for a particular team, please email Cade Lemcke ([c.lemcke@eastcoastfusion.com](mailto:c.lemcke@eastcoastfusion.com)). The total expenses for each team are covered through Player Fees and Team Fundraisers. All players and parents are expected to take part in the Team Fundraisers. There is need-based financial aid available to qualifying players who make one of the travel teams. The financial aid forms will be passed out at the first practice once the teams are made.

## **2010 AGREEMENT TO PARTICIPATE**

### **READ CAREFULLY – THIS FORM MUST BE RETAINED BY THE HEAD COACH**

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 East Coast Fusion Youth Development Program, the sponsors and officials of any basketball event in which the **EAST COAST FUSION** program 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 the **EAST COAST FUSION** program whether or not sanctioned by the AAU or any governing body or which may arise of out traveling to and from said events including lodging.

I, or we, grant to the coaches, trainers, 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 treatment as deemed necessary by competent medical personnel is authorized.

I hereby authorize East Coast Fusion to allow the reproduction, dissemination, and/or publication of my name and likeness for media coverage, public relations, or any other purpose, which may involve the use of photographs, films, or video tape recording without remuneration.

I agree to pay for any damage or theft caused by the athlete to property including but not limited to locker rooms, vehicles, or hotel rooms. I agree to pay for any long distance telephone calls, movies, or other extra costs charged to the athlete's hotel room. I authorize the assigned chaperones to send my child home early from events in the event of serious misbehavior including any involvement with illegal drugs or alcohol and agree to pay for the costs of transportation.

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<b>Signature of Athlete</b>	<b>Date</b>	<b>Signature of Parent/Guardian</b>	<b>Date</b>
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#### **MEDICAL AND INSURANCE INFORMATION:**

**NAME** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **PARENTS WORK PHONE** \_\_\_\_\_

#### **EXISTING MEDICAL CONDITIONS, ALLERGIES, AND MEDICATION**

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**PHYSICIAN** \_\_\_\_\_ **PHYSICIAN PHONE** \_\_\_\_\_

#### **INSURANCE COMPANY OR PROGRAM**

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#### **POLICY NUMBER**

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