

POTENTIAL HAWKS MEMBERSHIP FORM

Participant Name: _____
Parent/Guardian Name: _____
Address: _____
City _____ State: _____ Zip: _____
Home Phone: _____ Work
Phone: _____
Cell Phone: _____
Emergency Phone: _____
Email Address: _____
Grade: _____
Date of Birth: _____ School: _____
2010-2011 Basketball Team: _____

Please sign below that you have read and understand the information and the policies of the Potential Hawks basketball club and the guidelines for club players and agree to abide by the information and the decisions of the club with regards to the operation of the program. Each participant and parent(s) agrees to support the operation of the club through fundraising activities.

Participant Signature _____

Parent/Guardian Signature _____

Tryout Fee of \$10.00 paid in Full: _____
(Checks may be made payable to Potential Sports Academy)

Date: _____