

AUDUBON BASKETBALL CLUB TRAVELING TEAM TRY OUTS 2023-2024

ALL PARTICIPANTS MUST TURN IN THE PARENTAL PERMISSION AND INSURANCE
WAIVER TO THEIR TEACHERS BY 10/24/23 TO TRYOUT!

WHERE: AUDUBON HIGH SCHOOL AUX. (not Main) GYM:

WHEN:

<u>3rd/4th GRADE GIRLS:</u>	Wednesday 10/25	6:00pm-7:00pm
<u>5th GRADE GIRLS:</u>	Wednesday 10/25	7:00pm-8:15pm
<u>6th GRADE GIRLS:</u>	Wednesday 10/25	8:15pm-9:30pm
<u>3rd/4th GRADE BOYS:</u>	Thursday 10/26	6:00pm-7:00pm
<u>5th GRADE BOYS:</u>	Thursday 10/26	7:00pm-8:15pm
<u>6th GRADE BOYS:</u>	Thursday 10/26	8:15pm-9:30pm

COST: **\$165.00 (FEE PAYABLE ONCE TEAMS HAVE BEEN FORMED)**

The Traveling Teams will play in either the Camden County Traveling Basketball League, or the Inter County Basketball League. The Camden County Traveling League will play 12 games, the Inter County League will play 16 games. The season begins in January. However Practices may begin in December. Once tryouts are completed you will be contacted by your child's Coach who will let you know which team your child will be on and also what League they will be in. Schedules of practices and games to follow once all teams have been decided. Parents are responsible for all transportation to games during the season. **QUESTIONS:** Email Michele Marchiano mmarchiano@audubonschools.org

***INSURANCE COVERAGE – As this is not a school supervised activity, students participating in this program are not covered under the Student Accident Policy issued through Bollinger Insurance Company. You will be required to sign the attached insurance waiver or provide proof of Insurance.

AUDUBON BASKETBALL CLUB TRAVELING TEAM REGISTRATION FORM
2023– 2024 SEASON

NAME OF STUDENT: _____

ADDRESS: _____ HOME PHONE: _____

PARENT/GUARDIAN: _____ CELL PHONE: _____

EMERGENCY PERSON: _____ EMERGENCY PHONE: _____

AGE: _____ DATE OF BIRTH: _____

GRADE/TEACHER/SCHOOL: _____

EMAIL ADDRESS: _____

COST: \$165.00 CASH CHECK MONEY ORDER

PAYABLE TO: AUDUBON COMMUNITY EDUCATION 350 Edgewood Ave., Audubon, NJ 08106

I give my child permission to participate in the ABC Traveling Team 23-24 season. I understand that I will be responsible for my child's transportation to away games. And also as this is not a school supervised activity, I am aware that my child is not covered under the Student Accident Policy issued through Bollinger Ins. Company and have signed the attached insurance waiver. PLEASE SEND THIS FORM TO SCHOOL PRIOR TO TRYOUTS!

Parent/Guardian Signature

Date

2023-2024

INSURANCE WAIVER MUST BE FILLED OUT COMPLETELY AND SIGNED IN ORDER TO BE ELIGIBLE TO PARTICIPATE IN THE ABC TRAVELING LEAGUE BASKETBALL PROGRAM

STUDENT INFORMATION:

GRADE _____ HOME PHONE _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____

TOWN _____ ZIP _____

INSURANCE INFORMATION:

POLICY NAME _____ RELATIONSHIP _____

TELEPHONE _____ CELL # _____

INSURANCE COMPANY _____

POLICY NUMBER _____ GROUP NUMBER _____

PLEASE CHECK THE APPROPRIATE STATEMENT THAT APPLIES:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE INSURANCE FOR MY CHILD/CHILDREN AS STATED ABOVE.

I UNDERSTAND THAT NO INSURANCE IS PROVIDED FOR THE ABC BASKETBALL PROGRAM AND TRAVELING LEAGUE AND ACCEPT FULL RESPONSIBILITY FOR MY CHILD/CHILDREN IN THE EVENT OF AN INJURY.

PARENT SIGNATURE: _____

DATE: _____