



Registration Form

***Return completed form to tryouts**

***Copy of Birth Certificate**

***\$25 tryout fee (cash or check only) Checks made payable to "Mike Pearson"**

Parent's Last Name: _____ First _____

Child's Full Name: _____ D.O.B. ____/____/____

Gender _____ Grade _____ Height _____ Weight _____ lbs

Address _____

City _____ State _____ Zip _____

Playing Experience _____

Special Requests _____

Phone (H) _____ Cell _____

Email _____

Emergency Contact Name _____ Relationship _____

Phone _____

I hereby authorize the agents of MP Ballers/Parsippany PAL to act for me according to their best judgement in any emergency situation requiring medical attention. I hereby release and discharge MP Ballers/ Parsippany PAL and employees from and against any and all liability or causes of actions arising out of, or in connection with mine, or my child's participation in the program.

Signature _____ **Date** ____/____/____