

CAMBRIDGE PRIDE

BASKETBALL TRYOUTS

SPONSORED BY DHSP/RECREATION DIVISION

TRYOUT TIMES:

SATURDAY NOV. 6TH, 2021

6th Grade: Girls 8am-10am *Boys 6pm-8pm*

7th Grade: Girls 10am-12pm *Boys 4pm-6pm*

8TH Grade: Girls 12pm-2pm *Boys 2pm-4pm*

SUNDAY NOV. 7TH, 2021

6th Grade: Girls 8am-10am *Boys 2pm-4pm*

7th Grade: Girls 10am-12pm *Boys 4pm-6pm*

8TH Grade: Girls 12pm-2pm *Boys 6pm-8pm*

LOCATION:

FRISOLI YOUTH CENTER

61 WILLOW ST

CAMBRIDGE MA

FOR INQUIRIES CONTACT

George Rodriguez: (Boys)

coachgeo22@gmail.com

Vladimir Pierre (Girls)

vpierre@cambridgema.gov 617-349-6228





Cambridge Recreation Cambridge Pride Basketball

Youth Information

Payment Rec'd	
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Check # _____

_____	_____	_____	_____
Last Name	First Name	Date of Birth	Age
_____	_____	_____	
Home Address	City, State, Zip Code	Home Telephone Number	

**If your child is selected to join the program, the registration fee will be \$50. Please make check or money order payable to "City of Cambridge".
*All registration fees must be paid by the first scheduled game.**

Parent/Guardian Information

_____	_____
Mother/Guardian Name	Father/Guardian Name
_____	_____
Home Address	Home Address
_____	_____
Home Telephone Number	Home Telephone Number
_____	_____
Cell Phone Number	Cell Phone Number
_____	_____
E-Mail Address	E-Mail Address

First Aid and Emergency Medical Care Consent

Health Insurance Company: _____ Policy #: _____

I authorize Cambridge Recreation staff who are trained in the basics of First Aid and/or CPR to give my child First Aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Does your child have any medical conditions the staff should be aware of? YES/NO If YES, please describe

_____	_____
Parent/Guardian Signature	Date