



Ray Jackson's

Rising Stars



SPRING/SUMMER TRYOUTS

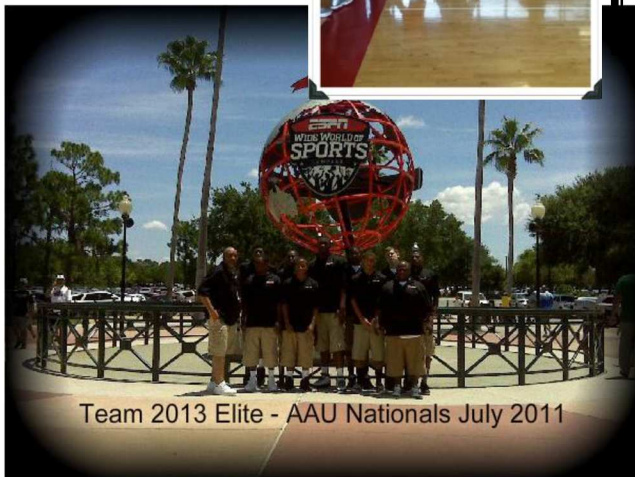
BOYS GRADES 4TH – 11TH

WHEN: Sun Feb 26th, 2012

WHERE: Akins High School
10701 South 1st
Street Austin, TX 78748

TIME: 4:30 – 7pm

TRY-OUT FEE: \$5.00



Team 2013 Elite - AAU Nationals July 2011

For more information please
email inforequest@ruiaap.org
or call 633-5360 or 450-2082

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RISING STARS ACADEMIC ATHLETIC PROGRAM



Player Liability Waiver

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Player's Name _____ Grade _____
(Last, First)

Address _____ Birth Date ____/____/____
(Number, Street, City, Zip)

School _____
Attending

Parent/Guardian/Emergency Information (Please complete fully and legibly)

Home Phone:	E Mail Address:
Mom's Name:	Dad's Name:
Mom's Cell #:	Dad's Cell #:
Local Emergency Contact:	Physician's Name:
Contact Phone:	Physician's Phone:
Medical Restrictions: (if none, please state "None")	

PARENT AUTHORIZATION, RELEASE AND INDEMNITY (must be signed and dated below)

BY MY ACCEPTANCE, I DO HEREBY ASSUME ALL RISKS OF PERSONAL INJURY INVOLVED IN THIS ACTIVITY AND AM AWARE OF THE SERIOUS ACCIDENTS WHICH MAY OCCUR. ACTING FOR MYSELF AND MY CHILD, I DO HEREBY RELEASE THE RISING STARS ACADEMIC ATHLETIC PROGRAM AND ITS COACHES, REPRESENTATIVES, AGENTS, AUSTIN ISD, PFLUGERVILLE ISD, ROUND ROCK ISD AND ANYONE ACTING ON ITS BEHALF, OF ALL LIABILITY, INCLUDING CLAIMS AND SUITS AT LAW OR IN EQUITY, FOR ANY INJURY OR DAMAGE WHICH MAY RESULT DIRECTLY OR INDIRECTLY BY REASON OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION OR MY PARTICIPATION IN THIS ACTIVITY. IN THE EVENT OF ANY ILLNESS OR INJURY TO MY CHILD AND AFTER AN ATTEMPT HAS BEEN MADE TO REACH THE PARENTS OR GUARDIAN OF THE CHILD INFORMING THEM OF SUCH INJURY, THE RISING STARS ACADEMIC ATHLETIC PROGRAM IS HEREBY AUTHORIZED TO CONTRACT FOR AND TO AUTHORIZE TREATMENT BY A MEDICAL DOCTOR.

Parent/Guardian Signature _____ Date _____