



## Butte Daredevils Try-Out

**Date:** November 3rd and 4th 2007

**Place:** Butte Civic Center  
1340 Harrison Avenue  
Butte, Montana 59701

**Times:** November 3<sup>rd</sup> Registration begins 9am  
10am to 5pm (break 12-1:30pm/no lunch provided)  
November 4th Try-outs 9am to 2pm

**Registration:** \$ 90 (early registration due by November 1st)  
\$125 (day of try-out)

**Contact:** Terri O'Herron at [terri@buttedaredevils.com](mailto:terri@buttedaredevils.com)  
(406) 782-2859

**Lodging:** Warbonnet Hotet  
2100 Cornell  
Butte, Montana 59701  
(406) 494-7800  
Discount Code: Daredevils \$60 Single or Double  
Will help with roommates

**Airport:** Butte

- **All players are required to send a resume with your registration form and bring a second copy to the try-out**
- **Acceptable forms of payments:**
  - Early registration** - checks/money orders/credit card
  - Day of try-out** – cash/money order/credit card (NO CHECKS)
  - Make checks payable to: Butte Daredevils**



## Butte Daredevils Registration Form Try-Out November 3rd and 4th, 2007

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Agent Information: Name \_\_\_\_\_ Phone# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Telephone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Doctor's Name \_\_\_\_\_ Policy # \_\_\_\_\_

### CONSENT TO TREAT AND RELEASE:

I hereby give permission to the Butte Daredevils L.L.C, its officers, employees, agents, athletic trainers or staff members to take whatever actions necessary for my health and welfare, including consenting on my behalf to any and all medical treatments, procedures, operations and or hospitalization. I further agree to hold them harmless and indemnify them for all medical bills incurred for my treatments.

I understand that Basketball is a very physical sport, which can result in serious injury. I hold the Butte Daredevils L.L.C., its officers, employees, agents, athletic trainers, or staff members harmless and hereby release them from liability for any injury to myself while attending this try-out.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Registration Amount: \_\_\_\_\_ Payment Method: Cash \_\_\_ CK# \_\_\_ C.C \_\_\_ M.O \_\_\_

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_ Sec Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Phone # \_\_\_\_\_

Billing Address \_\_\_\_\_

**Make Checks Payable To: Butte Daredevils**