

# TRAVEL TEAM TRYOUT REGISTRATION FORM



Registration must be accompanied by a copy of athlete's birth certificate.

## ATHLETE INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Position \_\_\_\_\_ Years Basketball Experience \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Grad. Year \_\_\_\_\_

Shirt Size (circle one): YM YL AS AM AL AXL AXXL

Short Size (circle one): YM YL AS AM AL AXL AXXL Shoe Size \_\_\_\_\_

Health Conditions \_\_\_\_\_ Allergies \_\_\_\_\_

## PARENT(S) INFORMATION

Mother's Name \_\_\_\_\_ Email \_\_\_\_\_

Phone # \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Email \_\_\_\_\_

Mobile # \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## EMERGENCY CONTACT (OTHER THAN PARENT)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## INSURANCE INFORMATION

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

Co. Address \_\_\_\_\_ Policy/Member # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Primary Policy Holder \_\_\_\_\_ Phone # \_\_\_\_\_

## PAYMENT, PROOF OF AGE DOCUMENTATION & WAIVERS

Birth Certificate Attached  Walk-Up Registration Fee: \$35 Payment Type:  Cash  Check  Visa  M/C  Amex  Disc.

Check# \_\_\_\_\_ Please make check payable to Sportuity.

**I ACCEPT PERMISSION FORM, MEDICAL RELEASE & LIABILITY WAIVER:** By checking this box and signing my name on this registration form for the above participant, I acknowledge granting this permission. I understand that participation in Liberty Edge involves risk and dangers of serious and permanent bodily injury and death. I hereby release, hold harmless, discharge and agree not to sue Marcus Liberty, Liberty Edge, all their affiliates and DBAs, all directors, officers, employees, coaches, officials, volunteers, agents, sponsors, advertisers, owners/leasers of premises for and from all liability from my participation in and with these and any other related travel, lodging, social and recreational activities. I also understand Liberty Edge retains the right to use for publicity and advertising, photographs and video taken of the participants.

I have given my child permission to participate in the Liberty Edge related events, and I certify that she/he is in good health, has been cleared by a physician and can take part in all physical activities, not limited to but including training, practices and games. I am aware of all laws, rules and safety procedures regarding head concussions. If an injury occurs, I authorize the staff members to take any action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case. In case of an emergency, I authorize the personnel to take action.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_