



Basketball Tryouts 2017 Player Registration and Release Form

NON-REFUNDABLE

Registration Fee: \$125

* Early Registration Fee: **\$100**

* At least 7 days before try-outs

For Office Use:

Fee
Disclosure/Waiver Form
Added to Roster List
Previous ABA Player

PERSONAL DATA (PLEASE PRINT)

NAME (Last, First): _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____ ALTERNATE PHONE#: _____

EMAIL ADDRESS: _____

CITY & STATE OF BIRTH: _____

BIRTH DATE: _____ AGE: _____ MARITAL STATUS: _____

HEIGHT: _____ WEIGHT: _____ POSITION: _____

HAVE YOU EVER BEEN ARRESTED? YES NO

IF YES, WHY? _____

Do you have medical insurance? YES NO

IF YES, PROVIDER: _____

MEMBER ID: _____



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EDUCATIONAL DATA (PLEASE PRINT)

HIGH SCHOOL: _____ STATE: _____

GRADUATION DATE: _____

COLLEGE/UNIVERSITY: _____

DATES ATTENDED: _____ GRADUATED: YES NO

GRADUATION DATE: _____

PROFESSIONAL PLAYING EXPERIENCE (PLEASE PRINT)

HAVE YOU EVER PLAYED PROFESSIONAL BASKETBALL? YES NO

IF YES, WHEN? _____

IF YES, WHERE? _____

IF YES, WHERE IS THE LAST PLACE YOU PLAYED? _____

IF YES, FROM WHAT DATES DID YOU PLAY THERE? _____

HOW DID YOU HEAR ABOUT THE ST. AUGUSTINE GLORY? _____



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In consideration for my participation with the St. Augustine Glory LLC and for other good and valuable consideration, receipt of which is hereby acknowledged, I, by my signature below, agree to all of the terms set forth in this Release & Eligibility Form. Accordingly, I hereby: 1. certify that I am at least eighteen (18) years of age; 2. Acknowledge that there are risk associated with the strenuous athletic and physical activity that I will be involved in during the Tryout; 3. Acknowledge by this writing, that the St. Augustine Glory LLC have recommended that I obtain medical clearance from a physician prior to my participation in the Tryout. I understand the risk attendant to my failure to obtain medical clearance. By my signature below, I hereby represent that either have received such medical clearance or, contrary to the recommendation of the St. Augustine Glory LLC, have decided not to obtain such medical clearance. I also understand the risks inherent in participating in the Tryout; 4. Consent to undergo examination by any physician, hospital, laboratory, clinic, and other health care provider (Health Care Provider) designated by the St. Augustine Glory LLC and authorize any such Health Care Provider to use and/or disclose to the St. Augustine Glory LLC any health or medical record, including but not limited to, all information relating to any injury, sickness, disease, condition, medical history, laboratory or test result, medical or clinical status, diagnosis, treatment or prognosis (Health Information) obtained in conjunction with any such examination for any purpose relating to my participation and/or in connection with any potential employment by the St. Augustine Glory LLC. I further acknowledge that any Health Information disclosed may be re-disclosed by the recipient of such information, that I will sign any additional individual authorizations as may be requested by the St. Augustine Glory LLC or Teams to facilitate disclosure of Health Information, and that the St. Augustine Glory LLC shall not be obligated to me for any medical expenses or damages; 5. Acknowledge and accept sole responsibility for all of the hazards and risks associated with or related to my participation in the Tryout and for any damage or injury that I may cause to others; I expressly assume all risk of injury (including permanent disability and death) arising out of my participation in the Tryout, howsoever caused or arising and whether by negligence or otherwise, and accept personal responsibility for the damages following such injury, death, or permanent disability, I also, understand and acknowledge that participation in any sport may cause physical injury including sprains, strains, contusions, dislocations, lacerations, fractures, ruptures, and concussions. In the event of injury, I authorize program instructors, nurses, doctors, and emergency personnel to administer first aid as deemed necessary. I hereby agree to fully release, absolve, discharge, and hold harmless the St. Augustine Glory LLC, ABA, WABA, program staff, sponsors, affiliated entities, from and against any and all liability or causes of action arising out of or in connection with my participation in this program; 6. release, waive and forever discharge any and all claims of damages or causes of action, including but not limited to, death, personal injury, or loss or damage to property, which I, or any of my representatives, heirs, next of kin or assignees (Representatives) may have or which may hereinafter accrue to me or my Representative in connection with (a) my voluntary participation in the Tryout, (b) the release and dissemination of Health Information, or (c) otherwise, and which may be asserted by me or my Representatives against the St. Augustine Glory LLC, its parent, subsidiary or affiliated companies or entities, or its member teams (collectively, Released Entities), and for each such Released Entity, its respective officers, directors, owners, governors, governors, officials, volunteers, employees, agents, representatives, successors and assigns (collectively, and together with the Released Entities, the Releases), whether caused by the ads, omissions or negligence of any Release or by any other person or entity; and 7. give and grant perpetually to the St. Augustine Glory LLC and each of its respective affiliates, team, licensees, employees and agents, exclusively, the non-revocable right in and to my routines, performances, concepts, and other materials created in connection with the Tryout and the proceeds of such performances and materials, including, without limitation, the perpetual and unlimited right to reproduce by any means (whether now known or hereafter developed) my voice, image, likeness, name nickname, signature, biographical data, and any other identifying attributes (Attributes) and any and all of my performances, appearances, related materials, and all such effects made, produced or created in connection with the Tryout (together with Attributes, being referred to collectively as the Materials), and the complete and unencumbered right throughout the world, to exhibit, record, reproduce, broadcast, transmit, publish, sell, distribute, perform, use and re-use for any purpose, in any manner, by any means and in any medium, whether now known or hereafter developed, all or any of the Materials, without any thither consideration to me or my Representatives and without further authorization. By signing this form, I acknowledge that I have received, read and understand the provisions set forth above, and voluntarily consent to and accept the terms therein. **AGREED AND ACCEPTED.**

Signature: _____

Full Name (Print): _____ Date: _____

Fee must be paid online at www.saglory.com. Complete, sign & e-mail form to saintaugustineglory@gmail.com.