Jersey Number: #____



Registration Form

North Dallas Vandals Basketball:

October 27, 2012 2012 ABA Basketball Tryouts Jewish Community Center Dallas, Texas



PLAYER INFORMATION		
		Date of Birth:
=		
_		Tis (David Los II)
		Zip/Postal Code: Cell: ()
Email:		
		
PLAYING EXPERIENCE (YEAR, CITY, TE.	·	
High School:		
University/College:		
Professional:		
Current Employment (COMPANY NAME & JOB TITLE) IF APPLICABLE: Full Time Part-Time		
POSITION: (CHECK ALL THAT APPLIES)		
☐ #1 Point Guard ☐ #2 Shooting Gu	uard □ #3 Small Forward □	1 #4 Power Forward □ #5 Center
•	□ No	
If yes, please provide details		
Are you available to travel on the weeke	nds for road games? ☐ Yes ☐	No
Do you have reliable transportation? ☐ Y	_	
How did you hear about the team and try	 	
TRYOUT INSTRUCTIONS Please be sure to complete and bring the follo \$50 Registration Fee (CASH) Registration Form (COMPLETED)	wing items to the tryouts:	
Registration Fees CASH only. No checks, or the day of your first tryout. Fees for missed try		hecks will be accepted. All money will be collected at the JCC or will not be refunded.
		m") ABA Basketball Tryout ("Tryout"), and for other good and valuable, assigns, heirs, and next of kin, hereby agree as follows:
(or, if not graduated from high school, my respective or has no remaining intercollegiate basketball eligibili 2. acknowledge that there are risks associated with t 3. obtain medical clearance from a physician prior to	e high school class has since graduated,) and ity; he strenuous athletic and physical activity tha o my participation in the Tryout. I understand	ch the first ABA Game will commence, (ii) has graduated from high schoo (iii) the player is not currently on a basketball scholarship at any university of I will be involved in during the Tryout; if the risks attendant to my failure to obtain medical clearance. As well as the medical clearance. I also understand the risks inherent in participating in
4. participant does hereby waive liability, release at owners or employees (collectively, the "Released Enloss or damage to property, which I, or any of my rmy Representatives in connection with (a) my volur other person or entity Participant nor Participant's Re 5. grant permission to the Released Entities to utili recorded form (including, but not limited to, any for purpose, in perpetuity worldwide in any media wheth 6. acknowledge and accept sole responsibility for all may cause to others; I expressly assume all risk of	itities"), from any and all claims of damages epresentatives, heirs, next of kin or assignee thary participation in the Tryout, or (b) cause expresentatives will receive any additional compize Participant's name, voice, statements, phore of video display or other transmission or refer now known or hereafter created without a of the hazards and risks associated with or refinjury (including permanent disability and designations).	otograph, image, likeness, actions and/or biographical data in any live o eproduction), in whole or in part, for promotional, commercial or any othe
By signing this form, I acknowledge that I have received	ived, read and understand the provisions set f	Forth above, and voluntarily consent to and accept the terms therein.
Signature of participant:		Witness:
Name (Print):		Date: