



# OPEN TRYOUTS



THE OFFICIAL D-LEAGUE AFFILIATE OF THE GOLDEN STATE WARRIORS

**Sunday, October 6, 2013**

**Kaiser Permanente Arena**

140 Front Street, Santa Cruz, CA 95060

**Saturday, October 19, 2013**

**Golden State Warriors Practice Facility**

1011 Broadway, Oakland, CA 94607 (5th Floor)

**Registration: 9:00 a.m.**

**Tryouts: 10:00 a.m. - 4:00 p.m.**

**Participation Fee: \$100 Early Registration / \$125 At The Door**

Those interested in trying out should submit complete registration, disclosure and release forms, plus their non-refundable participation fee to the Santa Cruz Warriors via email, mail, or fax.



# 2013 LOCAL PLAYER TRYOUT REGISTRATION FORM

**\*\*\* \$100 Registration Fee\*\*\***

**PERSONAL & EMPLOYMENT DATA:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
 State of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Driver's license # \_\_\_\_\_ State of License \_\_\_\_\_  
 U.S. Citizen Yes  No  Other \_\_\_\_\_  
 Employer and/or School \_\_\_\_\_ Work/School # \_\_\_\_\_  
 Occupation \_\_\_\_\_ Full Time  Part-Time   
 Have you ever been arrested? Yes  No   
 If yes, please provide details \_\_\_\_\_  
 What mode of transportation will you be utilizing for your travel? Flying  Driving

**EDUCATIONAL DATA:**

Name of High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Did you graduate? Yes  No  If yes, when? \_\_\_\_\_  
 Name of College/University \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Did you graduate? Yes  No  If yes, when? \_\_\_\_\_  
 If no, current year? \_\_\_\_\_

**PLAYING EXPERIENCE:**

High School -- Yes  No  If yes, what year(s)? \_\_\_\_\_  
 College -- Yes  No  If yes, what year(s)? \_\_\_\_\_  
 Professional -- Yes  No   
 If yes, what team(s) and what year(s)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please circle which tryout you will be attending: Oct. 6 Santa Cruz Tryout @ Kaiser Permanente Arena (140 Front St.)  
 Oct. 19 Bay Area Tryout @ GSW Practice Facility  
 (1011 Broadway, Fifth Floor)

**APPLICATION INSTRUCTIONS**

**Mail all completed application materials to the following address:**

Santa Cruz Warriors  
 Attn: Open Tryouts  
 903 Pacific Avenue  
 Suite 101  
 Santa Cruz, CA 95060

OR EMAIL TO: [ALOOMIS@SANTACRUZBASKETBALL.COM](mailto:ALOOMIS@SANTACRUZBASKETBALL.COM)

Please be sure to complete the following forms in their entirety and include them in the mailing:

- 2013 Player Tryout Registration Form (completed)
- Player Release & Eligibility Form (completed & signed)
- Registration Fee in form of Credit Card, Money Order or Cashier's Check made payable to the Santa Cruz Warriors

Credit Card Information:  Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip: \_\_\_\_\_



**2013 LOCAL PLAYER TRYOUT  
PLAYER RELEASE & ELIGIBILITY FORM**

In consideration for my participation in the 2013 Santa Cruz Warriors ("Team") NBA Development League Local Player Tryout ("Tryout"), and for other good and valuable consideration, receipt of which is hereby acknowledged, I, by my signature below, hereby acknowledge and agree to all of the terms set forth in this Release and Eligibility Form. Accordingly, I hereby:

1. acknowledge that there are risks associated with the strenuous athletic and physical activity that I will be involved in during the Tryout;
2. declare that I (for the purposes of this paragraph 2, "the player") have satisfied all applicable requirements of subsection (a) below and one of the requirements of subsection (b) below:
  - a. The player (i) is or will be at least eighteen (18) years of age during the calendar year in which the D-League Draft is held, and (ii) with respect to a player who is not an International Player (as defined below), has graduated from high school (or, if the player did not graduate from high school, the class with which the player would have graduated had he graduated from high school has graduated); and
  - b. Either (i) The player has not attended a college or university in the United States during the academic year that takes place during all or any part of the Season; or (ii) The player has no remaining intercollegiate basketball eligibility.
  - c. For purposes of this section, an "International Player" is a player: (i) who has maintained a permanent residence outside of the United States for at least the three (3) years prior to the D-League Draft, while participating in the game of basketball as an amateur or as a professional outside of the United States; (ii) who has never previously enrolled in a college or university in the United States; and (iii) who did not complete high school in the United States.
3. acknowledge by this writing that NBA Development League, LLC ("NBADL") and Team have recommended that I obtain medical clearance from a physician prior to my participation in the Tryout. I understand the risks attendant to my failure to obtain medical clearance. By my signature below, I hereby represent that I either have received such medical clearance or, contrary to the recommendation of NBADL and Team, have decided not to obtain such medical clearance;
4. consent to undergo examination by any physician, hospital, laboratory, clinic, trainer, therapist, and other health care professionals or organizations (any of the foregoing a "Health Care Provider") designated by NBADL or Team during the Tryout;
5. release and waive any and all claims, liabilities and actions of any kind, including but not limited to, death, personal injury or loss or damage to property, howsoever caused or arising and whether by negligence, any intentional act or omission, or otherwise, that I, or any of my representatives, heirs, next of kin or assignees may have, or that may arise, against NBADL or Team, their related companies and affiliates, and/or every member team of NBADL, against every owner, director, governor, officer, stockholder, trustee, partner, physician, employee, agent or affiliate of NBADL, its related companies and affiliates, and each of their respective parent, subsidiary, affiliated, or related companies (including, but not limited to, the National Basketball Association and its member teams), in each case, arising out of or in connection with my attendance at, and participation in, the Tryout, including, without limitation, my participation in any practice, game, drill, physical examination or other activity, and any use and/or disclosure of my health or other personal information;
6. acknowledge the risks inherent in participating in the Tryout. I expressly assume all risk of injury or other harm (including, without limitation, permanent disability and death) arising out of my participation in the Tryout, however caused or arising and whether by negligence, any intentional act or omission, or otherwise, and accept personal responsibility for any damages that might result from such injury, permanent disability or death;
7. give and grant perpetually to NBADL and its designees the exclusive 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 part or parts of the Materials, without any further consideration and without further authorization; and

By signing this Release and Eligibility Form, I (a) acknowledge that I have read and understand the provisions set forth in this Release and Eligibility Form and voluntarily consent to and accept the terms set forth herein, and (b) expressly agree that if any portion of this Release and Eligibility Form is held invalid or unenforceable, the balance shall nonetheless continue in full legal force and effect.

**AGREED TO AND ACCEPTED:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME:



**2013 LOCAL PLAYER TRYOUT HEALTH INFORMATION AUTHORIZATION**

By my signature below, I authorize the use and/or disclosure of my health information as follows:

1. This authorization applies to all health information about me that is now (or, during the period covered by this authorization, may be) in the possession, custody or control of the persons or entities (or classes of persons or entities) identified in Paragraph 2 below. As used in this authorization, "health information" means all information relating to my past, present or future physical or mental health or condition or medical record, including, but not limited to, all information relating to any injury, sickness, disease, condition, medical history, laboratory report, x-ray or other imaging or test result, screening, medical or clinical status, diagnosis, treatment or prognosis.
2. I authorize the following persons and entities (or classes of persons and entities) to use and/or to disclose any of the health information about me that is (or, during the period covered by this authorization, may be) in their possession, custody or control for any purpose relating to the National Basketball Association ("NBA"), any NBA team, the NBA Development League ("D-League") and/or any D-League team, including, without limitation, for any purpose relating to player health and fitness: all physicians, hospitals, laboratories, clinics, trainers, therapists, and other health care professionals or organizations.
3. During the period covered by this authorization, any such persons and entities identified in Paragraph 2 above may disclose my health information: (a) to the NBA; (b) to the D-League; (c) to the physicians, owners, general managers, coaches, and trainers of any NBA or D-League team or teams; (d) to any entity from which any NBA or D-League team seeks to procure, or has procured, an insurance policy covering my life or any disability, injury or illness I may suffer or sustain; and (e) at the direction of the NBA or the D-League, to the media or public.
4. I understand that any of my health information that is disclosed pursuant to this authorization may be redisclosed by the recipient of such information and no longer be protected by federal health information privacy laws.
5. I understand that my medical treatment will not be conditioned upon whether or not I sign this form, except in the case of health care that is for the purpose of creating health information for disclosure to the persons and entities described in Paragraph 3 above under the terms of this authorization.
6. Unless previously revoked, this authorization shall expire upon the earlier of: (a) two years from the date it is signed; or (b) in the event I execute an employment contract as an NBA player ("UPC") or D-League player, the execution date of an NBA or D-League player health information authorization.
7. I understand (a) that I have the right to revoke this authorization at any time (but not without potential consequences as acknowledged below); and (b) that, in order to be effective as to any particular health care provider, my revocation must be in writing and have been received by that health care provider. The D-League will provide reasonable assistance to me in coordinating a revocation process, and to receive this assistance I must provide a copy of my written revocation to the D-League at 645 Fifth Avenue, New York, New York 10022 (attn.: D-League General Counsel) and assist the D-League, as requested, in the process. I understand that my revocation will not be effective to the extent that anyone has already used or disclosed my health information in reliance upon this authorization. I further understand that, in the event I execute an employment contract as an NBA or D-League player, my right to revoke this authorization shall not serve to excuse any failure on my part to comply with the provisions of any individual contract covering my employment as an NBA or D-League player to which I may be a party, or any other agreement that may govern the terms and conditions of my employment as an NBA or D-League player. In this regard, I understand that, if I do revoke this authorization, I may be subject to disciplinary action under the terms of my UPC, D-League contract, and/or the NBA Collective Bargaining Agreement.
8. I acknowledge that I have received a copy of this authorization.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**PRINTED NAME:** \_\_\_\_\_