



Player Tryout Information Form

2016 AAU Season
Jacksonville Magic Incorporation

Tryout Number _____ Date of Birth ____ / ____ / ____ Grade in 2015 / 2016 _____

Birth Certificate Yes or No Insurance Card Yes or No Report Card Yes or No

Player Name (First, Middle, Last) _____

Address _____ City _____ State _____ Zip _____

County _____ Ht _____ Wt _____

School attending _____ Position (Circle) PG SG SF PF C

Team Played for Last Year _____ Coach _____

Players Cell Phone Number (_____) _____ Tryout Number _____

Fathers Name _____ Cell Number (_____) _____

Mothers Name _____ Cell Number (_____) _____

Risk and Waiver of Liability

As legal guardian of _____, I hereby consent to the aforementioned person participating in the Jacksonville Magic Incorporation Tryout Activity. I recognize that potentially severe injuries can occur in any activity that is associated with basketball.

I understand that it is the intent of the Jacksonville Magic Incorporation, to provide for the safety and protection of my child and, in consideration for allowing my child to participate in the Jacksonville Magic Incorporation Tryout Activity. I hereby forever release Jacksonville Magic Incorporation, its officers, coaches, sponsors and facilities from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of any of the above so mentioned.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training, tryouts, practicing or competing for the Jacksonville Magic Incorporation and agree not to bring legal action against the Jacksonville Magic Incorporation, its officers, coaches, sponsors and facilities.

In case of emergency, I authorize the Jacksonville Magic Incorporation's staff to administer first aid to my child and/or take my child to a physician or hospital for further treatment.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent / Legal Guardian's Name _____

Signature _____ Date _____