

2024 TRAVEL TEAM TRYOUT REGISTRATION FORM



Paper form accepted for tryouts but online account encouraged. Payment may be made in-person for online registrations. An online account required when accepting team position.

ATHLETE INFORMATION

First Name _____ Last Name _____ Boys Team Girls Team

Grade _____ Age _____ Date of Birth _____ Height _____ Position _____

Yrs Basketball Exp _____ School _____ Are you playing on your school team? YES NO

Shirt Size (circle one): YM YL AS AM AL AXL A2XL Short Size (circle one): YM YL AS AM AL AXL A2XL

How many Travel Teams will are you planning to play for? If you are accepted into more than one Travel Team Organization will you choose one or play in both? 1 2 2+

If you plan to play on Multiple Teams will Liberty Edge be your first priority? YES NO

PARENT(S) INFORMATION

Mother's Name _____ Email _____

Phone # _____ Home # _____

Father's Name _____ Email _____

Mobile # _____ Home # _____

PAYMENT & WAIVERS

Registration Fee: \$30 Payment Type: Cash Check PayPal (give@sportuity.org)

Check# _____ Please make check payable to Sportuity.

I ACCEPT MEDICAL RELEASE, LIABILITY WAIVER: STUDENT ATHLETE INTERNET RELEASE FORM

MEDICAL RELEASE: I have given my child permission to participate in the LIBERTY EDGE/SPORTUITY 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.

I certify that I am the Parent and/or Legal Guardian of the above-named minor child. In the event of an injury or illness to the child in my absence, I hereby authorize emergency medical care and treatment from any licensed physician, hospital, or medical clinic. I also authorize the representatives of LIBERTY EDGE/SPORTUITY (coaches, assistant coaches and members) to obtain any medical care as necessary.

RELEASE OF LIABILITY WAIVER: I desire my child to participate in any LIBERTY EDGE/SPORTUITY training, travel team or league. By my signature below, I acknowledge that participation in all activities, including, but not limited to, transportation via car, chartered vans or buses, inherently involves risk of physical injury to my child. I, on behalf of myself and my child, do knowingly and voluntarily assume the risk of those injuries, regardless of the severity, which may occur as a result of my child's participation in any training, games, tournaments or practices.

I certify that I am fully responsible for my child's participation in the activities of LIBERTY EDGE/SPORTUITY, and release, hold harmless and forever discharge LIBERTY EDGE, SPORTUITY, Marcus Liberty, its partners, directors, affiliates and their dba's, agents, officers, coaches, participants, volunteers, agents, sponsors, advertisers, facilities owners/leasers, persons transporting my child and employees from any and all claims, liability for bodily injury, property loss or damage, or wrongful death caused for any reason whatsoever, including negligence; gross or otherwise.

Further, I understand that this liability release and waiver of responsibility shall be effective as of the date hereof. It is my responsibility to ascertain whether my child has/have any health conditions that make it inadvisable for them to participate. I am informed that LIBERTY EDGE/SPORTUITY does not provide any medical, life or accident insurance for participants in its activities. LIBERTY EDGE/SPORTUITY strongly recommends that all participants be enrolled in a medical insurance plan in effect during the period of participation in any LIBERTY EDGE/SPORTUITY activity. I fully understand that I am personally responsible for all medical expenses, which I may incur as a result of treatment to my child received for injuries sustained by my child during their participation in LIBERTY EDGE/SPORTUITY activities.

I am also informed that the participants in LIBERTY EDGE/SPORTUITY activities may travel to activities in privately owned vehicles for which LIBERTY EDGE/SPORTUITY does not provide any insurance coverage. Further, when transportation is furnished voluntarily by me for the purpose of my child's participation in said activities, it is expressly understood that I will be solely responsible for any personal injury or damage to personal property of myself, passengers or other persons in traveling to and from any location necessary to participate in the activities. I understand that if my privately owned vehicle is used as transportation for my child or for other participants, I certify that my vehicle is covered under an insurance policy, which meets the minimum legal requirement in the state of Florida.

I agree to pay for all damages done by the above-named child, with the exception of normal use to buildings, equipment, supplies, and/or other property under the authority of the LIBERTY EDGE/SPORTUITY, or any organization whose property is used for LIBERTY EDGE/SPORTUITY basketball activities.

Parent/Guardian _____ Date _____