

2023 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 & WAIVER

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

Check# _____ Please make check payable to Sportuity.

I ACCEPT PERMISSION FORM, MEDICAL RELEASE & LIABILITY WAIVER: By checking this box and signing my name on this registration form for the above participant, I acknowledge granting this permission. I understand that participation in Liberty Edge / Sportuity involves risk and dangers of serious and permanent bodily injury and death. I hereby release, hold harmless, discharge and agree not to sue Marcus Liberty, Liberty Edge / Sportuity, all their affiliates and DBAs, all directors, officers, employees, coaches, officials, volunteers, agents, sponsors, advertisers, owners/leasers of premises for and from all liability from my participation in and with these and any other related travel, lodging, social and recreational activities. I also understand Liberty Edge retains the right to use for publicity and advertising, photographs and video taken of the participants.

I have given my child permission to participate in the Liberty Edge 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.

Parent/Guardian _____ Date _____



PLAY WAIVER

In consideration of being allowed to participate in any way in the LIBERTY EDGE/SPORTUITY athletics/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury and/or illness from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist;
2. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease;
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation;
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE UNITED STATES SPECIALTY SPORTS ASSOCIATION, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
6. **I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, BEFORE ACKNOWLEDGING THE CHECKBOX BELOW, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT ON MY OWN BEHALF OR ON BEHALF OF THE YOUTH PARTICIPANT ASSOCIATED WITH THIS GUARDIAN ACCOUNT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

ACKNOWLEDGEMENT BY ADULT PARTICIPANT: By acknowledging and agreeing to the checkbox below, I agree and verify the following: 1) I consent and agree to assume the risks of participation in these programs; and 2) that I specifically agree to the release as provided herein of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my involvement or participation in these programs EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

ACKNOWLEDGMENT BY PARENTS AND/OR LEGAL GUARDIANS OF YOUTH PARTICIPANTS: By acknowledging and agreeing to the check box below, I agree to and verify the following: 1) I am the parent or legal guardian for the youth participant associated with this guardian account, 2) that as parent/legal guardian with legal responsibility for this youth participant, I consent and agree to assume the risks of his/her participation in these programs; and 3) that I specifically agree to his/her release as provided herein of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to this youth participant's involvement or participation in these programs as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I have read and agreed to the Waiver

Player Name

Adult Participant or Parent / Guardian Signature