

MOTOR CITY EVOLUTION GIRLS TRAVEL TEAM TRYOUT WAIVER

**Tryout Location:**

Franklin Athletic Club
29350 Northwestern Hwy
Southfield, MI 48034

Tryout Days/Times:

Girls 4th: October 20-21
Girls 5th: 9/29 & 10/1
Girls 6th: 10/1 & 10/5-6

Tryout Days/Times:

Girls 7th: September 29
Girls 8th: By appt only

Player Information Form

Player Name: _____ Grade: _____

City of Residence: _____ School: _____

Player DOB: ____ / ____ / ____ Primary Position: ___Point Guard, ___Guard/Forward, ___Post Player

Medical Conditions coaches should be aware of: _____

Prior Travel Teams Played On: _____

Parent/Guardian: _____ Relationship to player: _____

Email you wish to receive tryout results: _____

Emergency Contact Person: _____ Mobile #: _____

WAIVER: I understand that I am placing my child in a program that involves the risk of physical injury. I hereby release, indemnify and hold harmless Motor City Evolution, Franklin Athletic Club, their officers and officials, employees and coaches in regard to injury, disability or death that may occur from participation. By signing this waiver, I acknowledge that I have listed all medical information that may influence the safety and/or treatment of my child. As well, I understand that the parties listed above are not responsible for lost, damaged or stolen items during the tryouts. I am aware that these are team tryouts and all tryout fees are non-refundable and there is no guarantee of participation after tryouts are concluded.

Parent/Guardian Signature: _____ Date: _____

For admin use only:

Team Trying Out for: _____ Player notes: _____

Additional Info: