

PLYMOUTH UNITED BASKETBALL CLUB

Try-Out Sign Up / General Information Needed for Each Player

Full Legal Name: (Last, First) _____

Number on Shirt: _____ (if you need a number, tell the coach) Date of Birth: _____

Age (as of Today): _____ Grade in School: _____ School Attended (name): _____

Full Legal Name of Parent(s)/ Guardian(s): _____

Directions: The information below should be the best contact information for the player and/or parent of player. If a player is mature enough to be in charge of his/her own schedule the information listed below can be the contact information for the player.

Mailing Address: _____

Telephone Number (home): _____ Telephone Number (Cell): _____

All Email Addresses Used: _____

Please briefly describe the basketball experience/background of the player, specifically listing preferred positions and/or other teams player has played on (if there is none, please write "none"):

Please rate the ability of the player on a scale of 1-10, (1 lowest skill level, 10 being highest): _____
(Coaches will also draw their own conclusions, but this is intended to be a preliminary self-rating.)

Player and parent agree that Player is "trying out" for Plymouth United Basketball Club. Player is not guaranteed a spot on any particular team and/or position by virtue of trying out. This tryout is intended to give the coaches an idea of the skill level of players and allow the coaches to appropriately place players on teams.

- **Player and Parent KNOWINGLY AND FREELY ASSUME ALL RISKS**, both known and unknown, arising from trying out.
- **Parent assumes full responsibility for player's participation in the tryout and behavior in and around the premises.**
- Player will act appropriately and follow all instructions during the tryout.
- Parent hereby RELEASES AND HOLDS HARMLESS PLYMOUTH UNITED BASKETBALL CLUB, and all of its directors, officers, officials, agents, employees, volunteers, other participants, owners, coaches, lessors of premises used to conduct the tryout, etc., including but not limited to coach Alexander J. Reizakis, **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to Parent and/or Player's involvement or participation in the tryout**, to the fullest extent permitted by law.
- Player and guardian of player give permission for player's likeness to be used in photographs and/or video tape by coaches and/or Plymouth United Basketball Club and understands that photographs and/or video may be taken at any time during the tryout or thereafter.

Parent/player agrees to pay \$ _____ to tryout today **and has handed that money to a coach with this completed form.**

Printed Name of Player: _____ Signature of Player: _____ Date: _____

Printed Name of Parent: _____ Signature of Parent: _____ Date: _____

Coach: Alex Reizakis
Tel: 774-269-6468