

# 2010 TEXAS EXPRESS PLAYER TRYOUT FORM

<b>Last Name</b>	<b>First Name</b>	<b>Date of Birth</b>	<b>Sex (circle one)</b> Male    Female
<b>Grade</b>	<b>School</b>	<b>Height</b>	<b>Weight</b>
<b>How did you hear about Texas Express?</b> <b>CHECK ONE</b> <input type="radio"/> Internet <input type="radio"/> Newspaper <input type="radio"/> Individual Referral _____			<b>Team/Coach Request</b>
Team Played for Last Year	Coach	Years Select Basketball Experience	
Home Address	City	Zip Code	
Father's Name	Email Address	Contact Phone Number	
Mother's Name	Email Address	Contact Phone Number	
<b>What type of team are you interested in? Check all that pertain.</b> <input type="checkbox"/> Local-tournaments within the DFW Metro Area <input type="checkbox"/> State-tournaments local & within Texas <input type="checkbox"/> National-tournaments local, statewide, & outside of Texas		<b>Interested in:</b> Volunteering    Yes    No Sponsorship    Yes    No Advertising    Yes    No	
I <input type="checkbox"/> <b>agree</b> <input type="checkbox"/> <b>do not agree</b> for the above listed to be photographed &/or videotaped & give my permission for such photographs or tapes to be used in news stories or for educational/promotional purposes in connection with The Texas Express Basketball Club., Inc.			
<b>RISK AND WAIVER OF LIABILITY</b> As legal guardian of _____, I hereby consent to the aforementioned person participating in the Texas Express Basketball Club programs (Texas Express), tryouts, practices and or games. I recognize that potentially severe injuries can occur in any activity that is associated with basketball. I understand that it is the express intent of the Texas Express Basketball Club, to provide for the safety and protection of my child and, in consideration for allowing my child to play for Texas Express Basketball Club. I hereby forever release Texas Express Basketball Club, Texas Express, AAU Boys and Girls Basketball, IAD/Carrollton, Episcopal School of Dallas, Calvary Christian Academy, Grapevine Faith Christian School, Eastern Hills High School, Flower Mound High School, Lewisville I.S.D., Fort Worth I.S.D., Fieldhouse USA, and/or any facility used by the Texas Express Basketball Club, its officers, employees, coaches and owners 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, practicing, competing, or trying out for the Texas Express Basketball Club and agree not to bring legal action against the Texas Express Basketball Club, Texas Express, AAU Boys and AAU Girls Basketball, IAD/Carrollton, Episcopal School of Dallas, Calvary Christian Academy, Grapevine Faith Christian School, Eastern Hills High School, Flower Mound High School, Lewisville I.S.D., Fort Worth I.S.D., Fieldhouse USA, and/or any facility used by the Texas Express Basketball Club its officers, employees, coaches and owners. In case of emergency, I authorize the Texas Express Basketball Club 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.			
<b>SIGNATURE OF PARENT OR GUARDIAN</b>		<b>SIGNATURE OF PARENT OR GUARDIAN</b>	
<b>PRINT NAME OF PARENT OR GUARDIAN</b>		<b>PRINT NAME OF PARENT OR GUARDIAN</b>	
<b>DATE</b>		<b>DATE</b>	

AMOUNT PAID \$ _____	CASH _____	PAYPAL _____	CHECK # _____	DATE ____/____/____
AMOUNT PAID \$ _____	CASH _____	PAYPAL _____	CHECK # _____	DATE ____/____/____
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