

2017 TEXAS EXPRESS PLAYER TRYOUT FORM

Last Name	First Name	Date of Birth	Sex (circle one) Male Female
Grade	School	Height	Weight
How did you hear about Texas Express? CHECK ONE <input type="radio"/> Internet <input type="radio"/> Newspaper <input type="radio"/> Individual Referral _____			Team/Coach Request
Current School Level (Circle one) A B JV Varsity	Years Select Basketball Experience	Select Team Played 2016/Coach's name	
Home Address	City	Zip Code	
Father's Name	Email Address	Contact Phone Number	
Mother's Name	Email Address	Contact Phone Number	
What type of team or program are you interested in? Check all that pertain. <input type="radio"/> Select Level Competition – tournaments within the DFW Area <input type="radio"/> Select Travel Competition – tournaments both in & out of state <input type="radio"/> Academy and League Play		Interested in: Volunteering Yes No Sponsorship Yes No Advertising Yes No	
I <input type="checkbox"/> agree <input type="checkbox"/> do not agree 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.			
RISK AND WAIVER OF LIABILITY 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 internet 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 & Girls Basketball, St. Gabriels the Arch Angel, Fort Worth I.S.D., Frisco Fieldhouse USA, Game on sports complex, H.E.B. I.S.D., Lewisville MAC, White Settlement ISD, 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 at, practicing at, competing at, or trying out for the Texas Express Basketball Club, Texas Express, AAU Boys & Girls Basketball, St. Gabriels the Arch Angel, Fort Worth I.S.D., Forney Sports Center, Frisco Fieldhouse USA, H.E.B. I.S.D., Lewisville MAC, White Settlement ISD, 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.			
SIGNATURE OF PARENT OR GUARDIAN		SIGNATURE OF PARENT OR GUARDIAN	
PRINT NAME OF PARENT OR GUARDIAN		PRINT NAME OF PARENT OR GUARDIAN	
DATE		DATE	

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