



## **YOUTH TRYOUT REGISTRATION/WAIVER**

PLAYER NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FATHER CONTACT: \_\_\_\_\_

MOTHER CONTACT: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

We are always looking for qualified coaches. Would a parent be interested in helping with a team? \_\_\_\_\_  
If yes, what are their experiences? \_\_\_\_\_

How did you hear about Michigan Premier? \_\_\_\_\_

What team(s) has the player previously played on? \_\_\_\_\_

**Michigan Premier always supports multiple sport athletes. Please help us to be aware and plan teams accordingly.**

What other sports does the player participate in? \_\_\_\_\_

What potential conflicts does the player have? \_\_\_\_\_

As a parent/guardian of \_\_\_\_\_, I hereby agree to the following as a condition of her participation in the Michigan Premier Basketball Program. This includes all camps, clinics, tryouts, teams, and related activities.

### **LIABILITY WAIVER**

I acknowledge that participation in Michigan Premier related activities involves assumed and inherent risk of personal injury, including death or loss of property. I assume such risk on behalf of the minor listed above and give my permission to said minor to participate in all Michigan Premier related activities. I release and agree to hold harmless Michigan Premier, its Board of Trustees, coaches, trainers, and employees from all claims, actions, damages, and liabilities for personal injury, damage, death, or loss of property relating to or arising from Michigan Premier camps, clinics, and related activities.

### **MEDICAL CONSENT**

I attest that a physician has examined the minor listed above in the past twelve months and he/she was found to be in good health. I attest that currently there is no medical reason for the minor listed above not to participate in any Michigan Premier related activity. In the case of a perceived emergency, I give my permission to Michigan Premier to seek, obtain, or approve any deemed necessary or emergency health care during the above listed minor's involvement in Michigan Premier related activities. I understand that this authorization is given in advance of any specific diagnosis, treatment, or medical care being required and is to serve as specific consent to all diagnosis, treatment, or hospital care which may be deemed necessary.

### **EMERGENCY CONTACT**

In case of a deemed emergency and if I can not be contacted, I authorize Michigan Premier to contact the following individual.

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

### **PHOTO RELEASE**

I grant Michigan Premier permission to use the above listed minor's likeness in any photographs, videos, or digital media in any of its publications, including web-based publications, without payment or other consideration. I irrevocably authorize Michigan Premier to edit, alter, copy, exhibit, publish, and distribute these photos for any lawful purpose. I waive any right to inspect or approve the finished product wherein the above listed minor appears. I waive all rights to royalties or other compensation arising or relating to the use of the above listed minor's likeness. I release and hold harmless Michigan Premier from all claims, actions, demands, and liabilities.

### **ACKNOWLEDGMENT**

My signature acknowledges that I am at least 18 years of age and the legal parent or guardian of the above listed minor. I attest I have read, understand, and agree to the terms.

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_