

TRYOUTS DANCER APPLICATION



REGISTRATION FORM REQUIRE BY ALL DANCERS

**OPEN TRY-OUT RELEASE WAIVER
& REGISTRATION FORM**

Return Application to...charlie@portcitytornados.com

REQUIRE BY ALL DANCERS

FILL OUT COMPLETELY

PORT CITY TORNADOS ORGANIZATION

251-861-1675 // 228-297-0197

support@portcitytornados.com

DANCER INFORMATION

(PRINT CLEARLY)

NAME	FIRST _____ MI LAST _____
DATE OF BIRTH	Month: _____ Day: _____ Year: _____
PHONE NUMBER	_____
EMAIL ADDRESS	_____
CURRENT ADDRESS	_____
CITY	_____
STATE	_____ ZIP _____
COUNTRY	_____
Martial Status	SINGLE: _____ MARRIED: _____
SIGNATURE	ALL INFORMATION CORRECT TO THE BEST OF MY ABILITY x _____
HEIGHT	FEET _____ INCHES _____
WEIGHT	_____ Lbs
SIZE	SHIRT: _____ PANTS: _____ SHOE: _____

Release & Indemnification of All Claims & Covenant Not to Sue

In consideration of being allowed to participate in any Tryout, workout or other activity organized by the American Basketball Association and it's member team (Port City Tornados), the Office of the CEO of the American Basketball Association or any other American Basketball Association individual or entity (collectively, the "Basketball Parties"), the undersigned prospective dancer agrees to assume all risks incidental to such participation (including, without limitation, injury or loss to person or property).

Each of the undersigned hereby agrees to release and forever discharge each of the Basketball Parties from any and all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever, whether in law or equity, known or unknown, that any of the undersigned ever had, now has or hereafter can, shall or may have against any of the Basketball Parties arising out of or in any way related, directly or indirectly, to dancer's participation in such Tryout.

The undersigned participant warrants that they are of sound mind and body and has full capacity to enter into this agreement to release and forever hold the "Basketball Parties" (ABA, Teams, groups and organizations associated with the ABA) and to participate in this or future try-outs.

Dancers must read and sign this form. Each party warrants that it has been advised or has had the unrestricted opportunity to be advised by legal counsel of its rights. All players must be age 18 or above, in order to participate in any Try-out providing proof of age by legal means such as a valid driver's license.

Sign X _____ Date: _____ / _____ / 2018

Any UN-sportsman like conduct may result in the termination of your tryouts and as a player during regular season.

This is a legally binding agreement. By signing this agreement, you acknowledge that you have read, understand and accept the terms and conditions stated in this document, and you waive your right to bring a court action to recover compensation or to obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of facilities used by "Basketball Parties", now or in the future.

Assumption of Risk. I hereby acknowledge and agree that athletics HAS INHERENT RISKS. I have full knowledge of the nature and extent of all the risks inherent to social recreation and to the use of any facilities used by "Basketball Parties", and acknowledge that "Basketball Parties", nor facilities is not responsible for any injuries. In consideration of my use of facilities, I agree not to claim or sue for any injury or damages resulting from risks.

Insurance. The Undersigned understand that Port City Tornados does not carry tryouts participant insurance and that the Undersigned will be solely responsible for any medical, health or personal injury costs relating to use of the Facilities and participation in the Activities. The Undersigned are encouraged and required to have a medical physical examination and to purchase health and accident insurance prior to any and all participation in the Activities.

Medical Care. The Undersigned give the Facilities' staff permission to seek emergency medical, rescue, or evacuation services for them should they become injured or ill with the understanding that they are responsible for any expenses incurred. The Undersigned also realize that the Undersigned may be attended to by Facilities' staff until medical care is available.

Sign X _____ Date _____ / _____ 2018

Emergency Contact Person *

Emergency Contact Phone#

Media Consent and Release Form

I _____,

hereby give The Port City Tornados, LLC and its employees, representatives, and authorized media organizations permission to print, photograph, and record for use in audio, video, film, or any other electronic, digital and printed media.

This is with the understanding that the Port City Tornados or its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my participation.

I further release and relieve Port City Tornados, its Organization, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

Please Print

Participant's Name: _____

Participant's Signature: _____

For Participants under the Age of 21 in college, a Parent/Guardian's Signature is required.

Parent/Guardian Name: _____

Parent/Guardian Signature: Date: _____

**DO YOU HAVE WHAT IT TAKES TO DANCE FOR A
PROFESSIONAL BASKETBALL TEAM?**

It Starts With You Filling Out This Form Completely.