



**2023 ELITE SPORTS ACADEMY:**  
**Tryout Form**

TRYOUT # \_\_\_\_\_ TRYOUT # \_\_\_\_\_

Student Athlete Name \_\_\_\_\_

Grade \_\_\_\_\_ Height \_\_\_\_\_ Position \_\_\_\_\_ Current Accumulative GPA \_\_\_\_\_

Student Athlete School / District \_\_\_\_\_

Student Athlete 2022 AAU Team / Coach \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Phone Number \_\_\_\_\_

Parent's e-mail \_\_\_\_\_

**DO NOT FILL OUT BELOW**

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**SHOOTING**

**BALL HANDLING**

**ATHLETICISM**

**DEFENSE**

**DECISION MAKING**

**OVERALL GRADE EVALUATION:    A       B       C**

## **WAIVER, INFORMED CONSENT, ASSUMPTION OF RISK, INDEMNITY AND HOLD HARMLESS**

*Student-Athlete Name:*\_\_\_\_\_ *Birth Date:*\_\_\_\_\_

Waiver and release: In consideration for Elite Sports Academy (hereinafter "Elite") accepting the enrollment of Student-Athlete in a program and/or permitting Student-Athlete access to or the use of the property, facilities, parking lot, buildings, fields, equipment, and/ or services of Elite, Student-Athlete and his Parent/Guardian, on behalf of Student-Athlete(hereinafter "Releasors"), hereby release Elite its affiliated companies or entities including but not limited to Team Lavine Elite, Elite Prep, Kidsstuff and all of its, members, directors, officers, employees, volunteers, sponsors, independent contractors or agents, and hold harmless for any liability, claims, actions, damages, costs, expenses or lawsuit whatsoever, arising out of or in any way connected with Student-Athlete's enrollment and participation in the program or the use of any Elite service or facility by Student-Athlete and/or his guests, relatives or family members. The scope of this Waiver and Release shall include, but is not limited to, any damages, losses or injuries in connection with participation, transportation, food, lodging, medical concerns (physical and emotion), entertainment, photographs, athletic activities and physical injury of any kind that arise from Student-Athlete's own acts, the acts of third persons/ parties, the effect of the condition of any property, equipment, or premises, or any acts of Elite's own negligence, or the negligence of any Elite officer, employee, agent, or anyone else whose conduct may be attributed to Elite. The Releasors further agree that this Waiver and Release shall remain effective throughout Student-Athlete's enrollment in any Elite program or participation on its property or using its facilities at any time.

(Student-Athlete Initial)\_\_\_\_\_ (Parent/Guardian Initial)\_\_\_\_\_

Assumption of Risk: We accept and understand that the sport of **basketball** involves certain inherent risks, dangers and hazards that may cause serious personal injury, including death, severe paralysis or brain injury necessitating long term care and significantly impairing enjoyment of life or life activities. We accept and understand that the

above-described injuries and other injuries, including but not limited to: concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; sprains; strains; and fractures, may occur as a result of participating in this sport. We understand that the inherent risks of this sport cannot be eliminated without jeopardizing the essential qualities of the sport. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity.

(Student-Athlete Initial)\_\_\_\_\_ (Parent/Guardian Initial)\_\_\_\_\_

We certify that (Student-Athlete Name) \_\_\_\_\_has no medical or physical conditions which could interfere with or compromise his safety in participating in this activity.

(Student-Athlete Initial)\_\_\_\_\_ (Parent/Guardian Initial)\_\_\_\_\_

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above- named student-Athlete.

(Parent/Guardian Initial)

In the event it becomes necessary for Elite staff to obtain emergency medical care for the above-named student-athlete, we understand that neither the staff member nor Elite assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

(Student-Athlete Initial) (Parent/Guardian Initial)

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Washington and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

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Print name of Student Athlete

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Signature of Student Athlete

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Date

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Print name of Parent or Guardian

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Cell Number of Parent or Guardian

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Date

