



Tryout #:
Grade:

# *Advantage Team Tryouts*

**Advantage Basketball Training Academy — Saint Edwards Park**

14445 NE Juanita Drive, Kenmore, WA 98028

Name of High School (Current or Future):		
Player Last Name:	First Name:	Middle:
Player Date of Birth:	Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Parents Names:		
Address:		
City:	State:	ZIP Code:
Parent 1 Cell:	Home:	Work:
Parent 2 Cell:	Home:	Work:
Player Cell:	Home:	
Parent 1 E-mail:		
Parent 2 E-mail:		
Player E-mail:		

## **Parental Permission – Medical and Liability Release**

I give permission for my son/daughter to participate fully in the Advantage Basketball Tryouts, Teams, Training, and Events. I acknowledge that my son/daughter is in good physical condition and capable of fully participating in all events and activities. I fully understand that involvement in sports and related activities involves the risk of injury to my son/daughter, including life-threatening injuries. In the event that my son/daughter needs medical treatment, I authorize staff to attend to any situation that may occur, and to get professional medical attention if necessary. I fully understand that I am responsible for all medical expenses. I release and hold harmless the Hummel Enterprises Inc. Advantage Basketball program, its employees, and any agents in its program including coaches and volunteers, from any liability that may arise out of the child's participation in the events/activities.

---

Parent Signature

Date

For more information: [www.AdvantageBasketball.com](http://www.AdvantageBasketball.com)