



MAGIC MOC

Compton Magic fueled by Mark Of a Champion

TRYOUT FORM

Athlete's Contact Information

First Name

Last Name

MI

Age

Grade

School Attending

Date of Birth

Current GPA

Home Address

City

State

Zip Code

Home Phone Number

Primary E-mail

Father / Legal Guardian's Name

Cell Phone Number

Mother / Legal Guardian's Name

Cell Phone Number

Special notations regarding medical history

Questionnaire (will not impact athlete's placement on a team)

How many years (not seasons) did the athlete play organized basketball?

Did the athlete play on an organized team this past season?

If yes, what team, school or organization?

Coach?

UNIFORM SIZE (All sizes are adult sizes)

Jersey Top

Favorite #s

Shorts

Parental Interest (Check all that apply)

Team Administration

Scorebook / Stats

Camera

We, the undersigned as legal parents/guardians of the player listed above, verify that the player is in good health and able to participate in basketball tryouts, practices, and/or tournaments. We recognize that all sports have some risk of injury. We also hereby waive and release all coaches, coaching staff, and any and all representatives of Mark Of a Champion (MOC) and Player's Edge (PE) from any and all liability claims for injury, illness, death and/or loss sustained by the participants while playing, practicing, traveling to and from during their tenure with MOC. We assume all risks and absolve, indemnify and hold harmless any and all liability or damage, injury, or expense of any kind arising out of, or connected with basketball events while with MOC.

Signature Field

Date