

Munster Basketball Club Player Tryout Form

Player Information

Name _____

Height _____

Weight _____

Date of Birth _____

School _____

Grade _____

Will the student attend Munster High School? ☐ Yes ☐ No

Previous Basketball Experience

Parent / Guardian Information

Primary Contact Name _____

Home Address _____

Primary Phone _____

Secondary Phone _____

e-mail _____

Secondary Contact Name _____

Home Address _____

Primary Phone _____

Secondary Phone _____

e-mail _____

Waiver of Liability

I hereby waive, release and discharge Munster Basketball Club and the School Town of Munster, it's directors, officers, agents and employees and/or servants (collectively "Munster") from all actions, suits and demands whatsoever in law or in equity from demand, losses or damages on account of injury including death caused in whole or in part by the negligence of Munster or otherwise, and agree that they shall not be liable for any injury of any kind to any person occurring in or as a result of participating in, observing, or attending basketball tryouts, practices, games or other events for Munster Basketball Club and further agree to hold Munster harmless and to indemnify Munster against claims and liability for injuries to all persons occurring as a result of participating in, observing or attending the basketball tryouts, practices, games or other events for Munster Basketball Club.

Parent /Guardian Signature _____

Date _____