



Illini Magic AAU Basketball Team Tryouts Registration Form

Athlete's Name: _____

Preferred Jersey Numbers: _____ , _____ , _____

Date of Birth: MO: _____ DAY: _____ YEAR: _____

Grade: _____ (as of 5/1/2019) School: _____

Home Street Address: _____

City, State, Zip: _____ , _____ , _____

Primary Contact/Home Phone: _____

Parent Name(s): Mother: _____ Father: _____

Mother's Cell Phone: _____ Father: _____

Mother's Email: _____ Father: _____

MEDICAL WAIVER AND RELEASE

Illini Magic Basketball and any facilities where tryouts, practices, or games will be played will assume no liability for injury or damages arising from the results of the above named Athlete's participation unless due to the willful misconduct or gross negligence on the part of Illini Magic Basketball, its affiliates, or agents. Due to the strenuous nature of basketball, the Athlete participating and their parents are urged to consult their physician concerning the Athlete's fitness to participate. Basketball presents certain inherent risks and hazards, which the participating Athlete is urged to consider and which the Athlete assumes the outcomes of such risks and hazards.

I hereby approve of the participation of my child, the above named Athlete, in the Illini Magic Basketball tryout program and consent to the emergency medical treatment for my child on my behalf. To the best of my knowledge, there are no physical or other conditions which will interfere with my child's participation.

PARENT SIGNATURE: _____ DATE: _____