

ELITE SPORTS ACADEMY PLAYER PERFORMANCE EVALUATION

TRYOUT # _____ TRYOUT # _____

Player's first name Player's last name Age Grade Height

Parent's Name

Parent's Email

Parent's phone number

Player's School/School District

DO YOU PLAY ON A WINTER SELECT TEAM
ISSY SKYLINE MT SI OTHER

DO YOU PLAY ANOTHER SPORT THIS SEASON?
FOOTBALL SOCCER BASEBALL LACROSSE

NAME OF LAST AAU TEAM YOU PLAYED FOR _____

YEARS OF BASKETBALL EXPERIENCE _____

DO NOT FILL OUT EVALUATION BELOW

SHOOTING

Above Average

Below Average

DRIBBLING

Above Average

Below Average

ATHLETIC ABILITY

Above Average

Below Average

GAME PLAY

Above Average

Below Average

CIRCLE OVERALL GRADE: A B C D E

PARENTAL WAIVER AND CONSENT

As the parent or legal guardian of a participant in the Elite Sports Academy's youth basketball program, I hereby give my full consent and approval for my child to participate in events sponsored by the Elite Sports Academy.

I understand that there are certain risks of injury inherent in the practice and play of the sport of basketball, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume the full risk of injury, including death, damages or loss which I or my child may sustain as a result of participating in this sport and any and all activities connected with or associated with this program. I hereby certify that my child is fully capable of participating in this sport or any and all activities connected with or associated with this program and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities.

In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the Elite Sports Academy, its officers, coaches, sponsors, volunteers, supervisor and representatives for any injury, including death, damage or loss that may be suffered by me or my child in the course of participation in this sport or any and all activities connected with or associated with this program, whether the result of negligence or any other cause.

In case of accident or illness, I hereby give permission that my child may be given emergency treatment. In the event that I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operation and treatment or all other related care, including the administration of drugs, drug test, injuries, anesthesia and/or blood transfusion of the above named minor person that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports to any doctor, dentist, or agency and consent to the admission of the above named minor person to the hospital.

(Print name of minor)

(Date of Birth)

(Print name of parent or legal guardian)

(Phone)

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE _____