



Jersey Express Professional Basketball



OPEN TRY-OUT REGISTRATION FORM Saturday July 19th, 2008

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Alt # _____

Emergency Contact _____ Telephone # _____

Age _____ DOB _____ Height _____ Weight _____ Position _____

College/High School _____ Year(s) attended _____

Professional Experience _____

Last Year of Organized Competition _____ For Whom _____

GM/Coach of last organized team _____ Telephone # _____

Achievements/Awards _____

Jersey Size _____ Short Size _____ Sneaker Size _____ Warm-up Size _____

Agent Information _____ Telephone # _____

- Registration Fee: \$75.00 (discounted from \$100.00 – pre-registration only – money order)
- Make money order payable to BNC SPORTS, LLC
- Registration fee must be submitted with application, NO EXCEPTIONS
- There is a no refund policy
- Registration begins at 12:30pm, try-out will run from 1-4pm and space is limited to 50 participants
- Register on-line at: www.jerseyexpress.net or mail your registration form with payment



Location: Morristown Neighborhood House – 12 Flagler St., Morristown, NJ

*On-site registration fee is: \$100.00 (cash only, no exceptions)

Mail Registration Form to: BNC Sports, LLC
P.O. Box 537
Rockaway, NJ 07866
Tek/Fax: 973-586-0006
www.jerseyexpress.net
E-mail: info@jerseyexpress.net

JERSEY EXPRESS BASKETBALL
"THE EXPLOSIVE!
"EXPRESSive!"
PRO BALL EXPERIENCE"

Player Try-Out Release & Eligibility Form

In consideration for my participation in the Jersey Express Tryout and for other good and valuable consideration, receipt of which is hereby acknowledged, I, by my signature below, hereby acknowledge and agree to all of the terms set forth in this Release & Eligibility Form. Accordingly, I hereby:

1. Certify that I am at least eighteen (18) years of age.
2. Acknowledge that there are risks associated with the strenuous athletic and physical activity that I will be involved in during the Tryout;
3. Acknowledge by this writing, that the Jersey Express, has recommended that I obtain medical clearance from a physician prior to my participation in the Tryout. I understand the risk attendant to my failure to obtain medical clearance. By my signature below, I hereby represent that I either have received such medical clearance or, contrary to the recommendation of the Newark Express, have decided not to obtain such medical clearance. I also understand the risks inherent in participating in the Tryout;
4. Consent to undergo examination by any physician, hospital, laboratory, clinic, and other health care provider designated by Jersey Express, and authorize any such Health Care Provider to use and/or disclose to Jersey Express any health or medical record, including but not limited to, all information relating to any injury, sickness, disease, condition, medical history, laboratory or test result, medical or clinical status, diagnosis, treatment or prognosis obtained in conjunction with any such examination for any purpose relating to my participation and/or in connection with any potential employment by Jersey Express. I further acknowledge that any Health Information disclosed may be re-disclosed by the recipient of such information, that I will sign any additional individual authorizations as may be requested by Jersey Express to facilitate disclosure of Health Information, and that Jersey Express shall not be obligated to me for any medical expenses or damages;
5. Acknowledge and accept sole responsibility for all of the hazards and risks associated with or related to my participation in the Tryout and for any damage or injury that I may cause to others; I expressly assume all risk of injury (including permanent disability and death) arising out of my participation in the Tryout, howsoever caused or arising and whether by negligence or otherwise, and accept personal responsibility for the damages following such injury, death, or permanent disability.
6. Release, waive and forever discharge any and all claims of damages or causes of action, including but not limited to, death, personal injury, or loss or damage to property, which I, or any of my representatives, heirs, next of kin or assignees may have or which may hereinafter accrue to me or my Representative in connection with (a) my voluntary participation in the Tryout, (b) the release and dissemination of Health Information, or (c) otherwise, and which may be asserted by me or my Representatives against Jersey Express, its parent, subsidiary or affiliated companies or entities, or its member teams (collectively, .Released Entities.), and for each such Released Entity, its respective officers, directors, owners, governors, governors, officials, volunteers, employees, agents, representatives, successors and assigns (collectively, and together with the Released Entities, the .Release.), whether caused by the acts, omissions or negligence of any Release or by any other person or entity; and
7. Give and grant perpetually to the Jersey Express and each of its respective affiliates, team, licensees, employees and agents, exclusively, the non-revocable right in and to my routines, performances, concepts, and other materials created in connection with the Tryout and the proceeds of such performances and materials, including, without limitation, the perpetual and unlimited right to reproduce by any means (whether now known or hereafter developed) my voice, image, likeness, name nickname, signature, biographical data, and any other identifying attributes (.Attributes.) and any and all of my performances, appearances, related materials, and all such effects made, produced or created in connection with the Tryout (together with Attributes, being referred to collectively as the .Materials.), and the complete and unencumbered right throughout the world, to exhibit, record, reproduce, broadcast, transmit, publish, sell, distribute, perform, use and re-use for any purpose, in any manner, by any means and in any medium, whether now known or hereafter developed, all or any or parts of the Materials, without any further consideration to me or my Representatives and without further authorization. By signing this form, I acknowledge that I have received, read and understand the provision set forth above, and voluntarily consent to and accept the terms therein.

AGREED TO AND ACCEPTED:

Signature _____ Date: _____

Name (Print): _____