



WINNING WAYS PRO INTERNATIONAL & BASKETBALL EYE  
PRESENT

2010 OFFICIAL IBL ORLANDO TRYOUT

March 25, 2010 – Lake Brantley Athletic Complex – Altamonte Springs, FL



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone/Pager: (\_\_\_\_) \_\_\_\_\_

email address: \_\_\_\_\_  
(please make sure this email address is valid and that you have frequent access to it)

Permanent Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Positions Played (circle all that apply):      1      2      3      4      5

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any injuries during career? (List type, date and result):

Any surgeries?

List any pertinent medical conditions (asthma, diabetes, allergies, etc.)

Are you married? \_\_\_\_\_ Do you have children? \_\_\_\_\_

Do you have a passport? \_\_\_\_\_ From what country? \_\_\_\_\_

Do you have dual citizenship with another country? \_\_\_\_\_ If so, which country? \_\_\_\_\_

If you are not a US citizen, what is your US residency status? \_\_\_\_\_

Your Agent's Name: \_\_\_\_\_

Agent's Phone: (\_\_\_\_) \_\_\_\_\_ Agent's email address \_\_\_\_\_

WWW.WINWAYSPRO.COM

EMAIL: PROINFO@WINWAYSINC.COM

PHONE: 407.339.9053

1.877.808.HOOP

385 CENTER POINTE CIRCLE SUITE #1319

ALTAMONTE SPRINGS, FL 32701

USA

FAX: 407.339.5562



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**COLLEGE BASKETBALL EXPERIENCE:**

College attended: \_\_\_\_\_ Head Coach: \_\_\_\_\_

Coach's Phone: (\_\_\_\_) \_\_\_\_\_ Coach's Email address: \_\_\_\_\_

Your Final Season of eligibility: \_\_\_\_\_  
(Participation in this event could impact any remaining collegiate eligibility. Consult your coach or AD if in doubt.)

**College Stats/Honors/Records:**

**PROFESSIONAL BASKETBALL EXPERIENCE:**

Pro Team: \_\_\_\_\_ League/Country: \_\_\_\_\_ Year(s) with team: \_\_\_\_\_

**Additional Information/Comments Regarding Professional Basketball Experience:**

**PAYMENT INFORMATION:**

2010 IBL Orlando Tryout       \$75      

**Select Method of Payment:**

Certified Check or Money Order enclosed (made payable to Winning Ways Pro International Inc.) **NO PERSONAL CHECKS**

Master Card or Visa Card Number: \_\_\_\_\_

Card expiration date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(NOTE: Credit card orders will be charged a 5% processing fee, based upon the total bill)  
Once a player has registered and been accepted there are no refunds. **NO EXCEPTIONS.**

This form indicates that the player participating authorizes Winning Ways Pro International Inc. (WWPI)/Basketball Eye (BE) to act for them (the player) according to their (WWPI/BE) best judgment in any emergency requiring medical attention and the player hereby releases, exonerates, and discharges Winning Ways Pro International Inc./Basketball Eye and its employees from any and all action or causes of action known or unknown resulting in any player injuries while at Winning Ways Pro International Inc./BE Events.

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IBL RELEASE:

I \_\_\_\_\_ (**signature**) realize as a volunteer tryout participant I will not be paid, I am not covered under workmen’s compensation and I am not insured by the team. I hereby waive, relinquish and release any future claims against the IBL and/or the TEAM, the GYM, etc.

I am responsible for my own health insurance **Signature:** \_\_\_\_\_

As a volunteer tryout participant, I understand and I acknowledge that dangers of personal injury are inherent in participating in the sport of basketball whether in a game, scrimmage, training session, clinic or demonstration—so I expressly and voluntarily assumes all risk of death or personal injury sustained while participating in such activities, including the risk of hidden, latent or obvious defects in any of the facilities or equipment used. **Signature:** \_\_\_\_\_

The volunteer tryout participant acknowledges that the team has not made it a condition precedent to entering into a contract that the player participates in the workouts. Tryouts and practices are not a prerequisite to making a team. **Signature:** \_\_\_\_\_

This release of liability from the volunteer tryout participant applies to the referees, the gymnasium, the league, the city and/or school and/or private organization that own the gym. I acknowledge that injuries are a part of sports and I assume responsibility for any injuries that occur to me. I acknowledge that the gym, school or facility has nothing to do with the tryout. **Signature:** \_\_\_\_\_

In consideration for being able to play for/with and/or tryout for the amateur team, the undersigned player hereby executes this Waiver and Release of Liability (‘WAIVER’) to and for the benefit of the following: The TEAM and its officers, employees, agents, advisors, trainers, physicians and licensees and the IBL and its officers, employees, agents, advisors, trainers, physicians and licensees. **Signature:** \_\_\_\_\_

I realize that although the IBL is known as a ‘pro league’ but many teams in the IBL are technically amateur teams in that they do not pay players. Some teams are nonprofit teams as well—and so I understand that the cost of playing on a team (if selected to a team) may fall on me in regards to housing, food, living, etc. **Signature:** \_\_\_\_\_

I choose to play and in fact, I would be playing elsewhere in open gyms and recreational games if I were not playing for this amateur trout weekend right now, so any injuries that occur in this situation would have just as easily occurred in any other game that I would have been playing. I carry my own health insurance. **Signature:** \_\_\_\_\_

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