



Tryout Registration form

Parents Name: _____ Players Name _____

Gender: _____ Age: _____ Grade: _____ School: _____

Sibling Players Name _____ Gender: _____ Age: _____ Grade: _____

School: _____ Cell Phone # _____

Alternative Phone # _____

**Email: _____

*****Please Print clear your email this is very important*****

Please check your child's uniform size: XS ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL ___
(Uniforms are Adult sizes)

Mailing Address: 826 Rutland Dr., Austin, TX 78758

Tryout fee \$20

Parent Signature: _____ **Date:** _____

Contact: Director of Operation: Lonnie Welch (512) 312-6283

Email: Impactsportz@gmail.com

Website: [www. Impact-Sportz.com](http://www.Impact-Sportz.com)

By signing the waiver below as an adult participant or as a Parent/Legal Guardian (18+) of a participating child, I certify that myself or my child has permission to participate in athletic activities at Impact Sportz and Hoop Zone. I understand and acknowledge that myself or my child may suffer serious injury including but not limited to sprains, fractures, brain damage, paralysis or even death by participating. I fully understand that neither Impact Sportz and Hoop Zone nor its agents or employees, nor the owners of the facility take responsibility for injuries sustained within the facility or the area surrounding the facility. I hereby agree to release, indemnify and hold harmless Impact Sportz and Hoop Zone, its officers, directors, agents, and employees from and against all claims, causes, suits, loss liability or damages to my child or his/her property arising from, because of, or in connection with participation of myself or my child in Impact Sportz and Hoop Zone activities. This waiver statement is valid for all roster players 18 years or older. All participants under 18 must receive a Parent/Legal Guardian's signature on this form.