

Los Angeles Sparks

WNBA Professional Basketball Tryout Registration Form
Saturday April 10th, 2010 from 9AM-12PM and 4PM-6:30PM
Sunday April 11th, 2010 from 8AM-12PM

Windward High School Gymnasium
11350 Palms Boulevard
Los Angeles, CA 90066

PLAYER INFORMATION

Last Name: First Name:

E-mail: Phone Number:

Street Address: City:

State: Zip Code:

Height: Weight: Jersey Size:

Please send Video Tapes/DVD to:

Attention: Angela Bryant
Los Angeles Sparks
888 S. Figueroa St.
Suite 2010
Los Angeles, CA 90017

BASKETBALL EXPERIENCE

Position(s) Played:

Highest Level of Basketball Experience (Circle One):

Not Applicable High School College Professional

Agent Name (If applicable):

Agent Phone (If applicable):

Agent Email (If applicable):

WAIVER & RELEASE INFORMATION

Date:

Team:

Los Angeles Sparks

The undersigned _____, for herself and her heirs, personal responsibilities and/or administrators, hereby forever discharges, releases and holds harmless the Women's National Basketball Association ("WNBA"), all of its teams, all other tryout participants and all of their related companies, partners, affiliates, owners, officers, directors, employees, contractors, successors and/or assigns, from any and all liabilities, claims, demands, costs, expenses, damages, actions or causes of action as a result of any injury (physical or otherwise) that the undersigned may incur or acquire during the course of her participation in, involvement with, or attendance at the WNBA local team tryout (the "Tryout").

This Waiver and Release is given for and in consideration of the opportunity to participate in the Tryout and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged. The undersigned acknowledges that she is executing this Waiver and Release with the understanding that it in no way constitutes a contract or an offer of employment between the undersigned and the WNBA or any of its teams, but is only an opportunity to try out for a possible position on the team as a professional basketball player.

Player's Name (Please Sign):

PAYMENT INFORMATION

The registration fee is \$75, payable in the form of a credit card only no later than Thursday, April 8th 2010 at 3:00PM PST. Please fax the completed registration form, waiver and release form, and payment information to (213) 929-1325. Put it attention to **2010 Sparks Tryout**. For more information, contact Angela Bryant at (213) 929-1314 or via email abryant@la-sparks.com. Thereafter, a late registration fee of \$80 will apply at the door to be paid in **cash only**, with absolutely no exceptions being made. Please understand that no refunds will be given for any advance registration cancellation under any circumstances.

Credit Card Type (Circle One):

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number:

Security Code (3 digits on back of credit card)

Name on Credit Card:

Expiration Date:

Additional Tickets, only \$18 (\$24 value) _____ of tickets x \$18 = \$ _____

\$75 + _____ (# of additional tickets) = \$ _____ (Total to be charged to your credit card)

Thank you for your interest in the Los Angeles Sparks, we look forward to seeing you!