



# NEW JERSEY SPARTANS MINOR LEAGUE FOOTBALL TEAM



## TRYOUT REGISTRATION FORM

Prospective Player Name: \_\_\_\_\_ D.O.B:    /    /    | Age: \_\_\_\_\_

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

City, St. Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Try Out Position(s): \_\_\_\_\_

Assigned No.: \_\_\_\_\_

**Measurements**

Ht. \_\_\_' \_\_\_ Wt. \_\_\_\_\_

**Experience (pos. / yrs)**

High School \_\_\_\_\_ / \_\_\_\_\_

College \_\_\_\_\_ / \_\_\_\_\_

Minor League / Adult Amateur \_\_\_\_\_ / \_\_\_\_\_

Semi-Pro / Professional \_\_\_\_\_ / \_\_\_\_\_

Notes / Other Related Information:

I, \_\_\_\_\_, declare my intent to play football for the New Jersey Spartans Minor League Football Organization. I understand that I will be participating on an amateur adult full contact and full pads tackle football team. I also understand that I must be 18 years of age or older to participate on this team and in the league the team participates in. I also understand that as a team we are required to pay team and player fees that are non-refundable. I further acknowledge and understand the significant risks that are involved in a full-contact sport, such as football, and am aware of the possibility that I may sustain one or more serious injuries or even death during the course of: exercising, stretching, workouts, drills, scrimmages, training camps, practices and games. In this regard, I give my consent to be in a healthy condition and am not currently in a state of injury or disability that will not allow me to perform any activity during my association with the New Jersey Spartans, any adult amateur league the team is currently involved with, and its opposing teams and players. Moreover, I warrant that I am physically able to fully participate with the New Jersey Spartans and that I accept all of the risks associated with such participation. I understand that I may, but am not required to have a physical prior to participating in any Football Team Related activities. I also understand that I will be required to sign an injury waiver prior to participating in any team-related activities, practices and games. I understand that my name, image, or likeness may be used by the New Jersey Spartans for any purpose deemed necessary by the Team. I give complete unrestricted permission to the New Jersey Spartans to use, distribute, post, publish, my name, image and any other pertinent information. This applies to all uses; photographs, video, line drawings, film, posters, trading cards, also to include broadcasts on T.V., radio, cable, satellite, internet, digital, computer and any and all uses not yet developed or mentioned here. This use can be for local, national or global. To include but not limited to news, features, advertising. I give this permission indefinitely and I also understand various people will request this information as well as game stats and films; I give permission to the New Jersey Spartans to forward the information to the requesting parties at their discretion.

\*I have read this form in its entirety, fully understand its terms and conditions, and affix my signature to symbolize my agreement.

Print Name: \_\_\_\_\_

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

Date: \_\_\_\_\_