



**2008 WNBA ATLANTA DREAM  
OPEN-TRYOUT REGISTRATION FORM**

**April 15, 2008 from 8AM – 6PM**

**Suwanee Sports Academy, Suwanee, Georgia, 30024**

*Note: Only the first 500 completed applications and payments received by the Atlanta Dream will be confirmed for the open tryout.*

***BOLD Indicates a required field***

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Day Phone #:** \_\_\_\_\_ **Night Phone #:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**What size of jersey would you prefer (please circle one):** M L XL XXL XXXL

To be eligible to tryout, all applicants must meet the following criteria:

1. Must be female and at least 22 years of age or will have your 22nd birthday during the 2008 calendar year OR
2. Graduated or is to graduate from a 4-year College or University during the 2008 calendar year and has no remaining intercollegiate eligibility.
3. If you are an international player, you can tryout at any age.

**Please sign here that you meet the above listed criteria:** \_\_\_\_\_

**(Signature required)**

**College:** \_\_\_\_\_

**College Career Highlights and Stats:** \_\_\_\_\_

**Professional/International Experience (please include the name of the team, the country, the years you played and your stats):** \_\_\_\_\_

**Agent's Name:** \_\_\_\_\_ **Agent's Phone:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**FEE: \$75.00 per participant**

**TO SUBMIT YOUR APPLICATION FOR THE WNBA ATLANTA DREAM TRYOUT, PLEASE PRINT THIS PDF FORM, FILL OUT ALL REQUIRED AREAS, AND RETURN WITH PAYMENT.**

**By Mail:** ATLANTA DREAM  
ATTN: Sue Panek  
83 Walton St. NW  
Suite 500  
Atlanta, GA 30303

**By Fax:** Fax to 404-954-6666  
ATTN: Sue Panek

**FORM OF PAYMENT (please circle one):**

**American Express    Visa    MasterCard    Discover    Money Order** *(must be received by 4/11/08).*

**Credit Card #:** \_\_\_\_\_

**Card ID (Visa, MasterCard: Last 3 digits on back of card; American Express: Last 4 digits in small print on front of card):** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Address associated with card:** \_\_\_\_\_

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

**NOTE:**

- Only the first 500 completed applications and payments received by the Atlanta Dream will be confirmed for the open tryout.
- Application and payment must be received by April 11th. Please submit application and payment via Fax or Mail.
- Payment can be made by Money Order, Credit or Debit cards only (NO CASH OR PERSONAL CHECKS).
- Please make money orders payable to Women's Pro Basketball Atlanta.
- Please print and sign the attached Waiver and Medical Release Form.

**IMPORTANT INFORMATION**

Return the following to the Atlanta Dream by April 11, 2008:

- Application
- Payment
- Waiver
- Medical Release Form

If more than 500 applications are received, the Atlanta Dream will contact you and your payment will be refunded in full. Please provide us with your email address. If you are confirmed for tryouts, you will receive a packet of information by email with additional information such as directions to facility, check-in time, and preferred hotels.

Questions?

Please contact us at: [tryouts@atlantadream.net](mailto:tryouts@atlantadream.net)

No phone calls please.

**[www.atlantadream.net](http://www.atlantadream.net)**

# WOMEN'S NATIONAL BASKETBALL ASSOCIATION TEAM

## TRYOUT WAIVER

The undersigned \_\_\_\_\_, for herself and her heirs, personal representatives 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.

The undersigned does hereby agree to waive, release, absolve, indemnify, defend and hold Suwanee Sports Academy ("SWA") and its employee's, affiliated associations, organizers, officers, coaches, and officials harmless against any and all claims, demands, costs, and expenses arising out of or in connection with

- i. this Agreement, or
- ii. the use of the facility,
- iii. any condition of or other matter relating to the Facility during the term of this Agreement

REGARDLESS OF HOW OR WHEN THE CONDITION AROSE AND REGARDLESS OF WHETHER IT AROSE OUT OF ANY ACT, OMISSION, OR NEGLIGENCE Of SSA, or

- (iv) any other matter relating to the Facilities after the term of this Agreement to the extent such matter arises from a condition that arose during the term of this Agreement or at any other time when the Facility was in the possession or under the control of Renter, or
- (v) the failure by Renter to perform any of its obligations under this Agreement.

**ALL INFORMATION LISTED BELOW MUST BE FILLED OUT COMPLETELY.**

**Player's Name (Please Print)** \_\_\_\_\_

**Player's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Emergency Contact (Please Print)** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Primary Care Physician** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Allergies (Please List)** \_\_\_\_\_

**Other Medical Conditions** \_\_\_\_\_