

G.T.A. 'ALL STAR'

Greater Toronto Area (G.T.A.) 'All Star' Team – Player Application

Name: [REDACTED]
Gender: [REDACTED]
Home Telephone: [REDACTED]
Cell phone: [REDACTED]
Email address: [REDACTED]
Birthdate (DD/MM/YYYY) (Must be born in 1992 or later): [REDACTED]

Measurements:
Height: [REDACTED] (centimeters)
Weight: [REDACTED] (kilograms)
Vertical jump: [REDACTED] (centimeters)
100 meter sprint: [REDACTED] (seconds)

Brief description of your ultimate history: (i.e. teams/years playing)

[REDACTED]

Position preference (Hander/Cutter, Defense/Offense):

[REDACTED]

Explain the role you see yourself playing in the G.T.A. 'All Star' Team:

[REDACTED]

Provide any additional information that might be important for the coaches to know, including personal characteristics:

[REDACTED]

Do you have any summer commitments that will conflict with playing / practicing with this team?
(i.e. summer school, work)

[REDACTED]

Please provide the name of one reference (must be a coach or teacher). We will be contacting your reference to inquire about your role on the ultimate field and/or personal characteristics.

Name: [REDACTED]
Relation (coach / teacher): [REDACTED]
Email: [REDACTED]
Phone Number: [REDACTED]

Submission & Attachments:

An electronic copy of this application form must be submitted to the Coach, Gary Wang at juniorallstar@tuc.org. The deadline for submitting an application is April 30, 2010.

In addition to the application form the following documents must be submitted at a tryout.

1. A signed "Informed Consent Agreement" to try out (last page of this document).
2. A signed copy of the TUC 2010 Juniors Waiver Form

G.T.A. 'ALL STAR'

Informed Consent Agreement – Competitive Sports

As a condition of participation in the G.T.A. 'All Star' Team, this form must be completed by the Parent/Guardian of each athlete.

Name of Athlete _____ Birthdate: (_DD_ / _MM_ / _YYYY_)

Allergies/Medical Condition(s) _____

Participation in Ultimate may result in severe injuries such as spinal injuries, broken bones and head injuries. The team does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of the students participating in this activity. It is strongly recommended that you subscribe to student accident insurance or arrange private coverage.

ACKNOWLEDGEMENT

I/WE give permission for our child to apply for a position on the G.T.A. 'All Star' Team. I/WE are aware that there will be a substantial financial commitment including travel, accommodations, training camps, and the tournament(s).

I/WE understand that certain activities require a minimum LEVEL OF FITNESS AND HEALTH (physical, mental and emotional) and that each person has a different capacity for participating in these activities.

I/WE hereby agree and promise that our child, ward or self is physically fit to participate and understands that the CHOICE to participate brings with it the ASSUMPTION OF THOSE RISKS AND RESULTS which are part of these activities.

I/WE agree that the coaches of G.T.A. 'All Star' shall not be liable for any injury to my person or loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities.

I/WE declare having read and understand the above INFORMED CONSENT AGREEMENT in its entirety and hereby consent to participate acknowledging all of the foregoing.

Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date: _____

Address: _____

Parent/Guardian #1: Business: (_____) _____ Cell: (_____) _____

Parent/Guardian #1 E-mail _____

Parent/Guardian #2: Business: (_____) _____ Cell: (_____) _____

Parent/Guardian #2 E-mail _____