

# TRYOUTS

SEPTEMBER 28<sup>TH</sup> | SEPTEMBER 29<sup>TH</sup>



**GRAND RAPIDS**

**MSA WOODLAND | Sept. 28 | 10<sup>am</sup>-1<sup>pm</sup>  
2100 28<sup>TH</sup> ST SE, Grand Rapids 49508**

**Registration - 8:30am**

**Pre-Registration - \$150**

**At The Door - \$200** \*subject to availability

**T-Shirt Provided**

**DETROIT**

**JOE DUMARS FIELDHOUSE | Sept. 29 | 10<sup>am</sup>-1<sup>pm</sup>  
1120 W State Fair Ave, Highland Park 48203**

**Registration - 8:30am**

**Pre-Registration - \$150**

**At The Door - \$200** \*subject to availability

**T-Shirt Provided**

*Those interested in trying out should submit: Local player tryout registration form, player release & eligibility, and medical consent and authorization form, along with a non-refundable fee to the Grand Rapids Drive.*

*Download forms at **NBAGrandRapids.com** and mail to 40 Monroe Center St. NW Suite 200, Grand Rapids, MI 49503*

**CONTACT US**

 844.GR.DRIVE  [info@nbagrandrapids.com](mailto:info@nbagrandrapids.com)

**#SEASON616**



## **2019 NBA G LEAGUE LOCAL PLAYER TRYOUT REGISTRATION FORM**

### **APPLICATION INSTRUCTIONS**

Mail all completed materials to the following address:

**40 MONROE CENTER ST NW SUITE 200, GRAND RAPIDS, MI 49503**

Please be sure to complete the following forms in their entirety and include them in the mailing:

- NBA G League Local Player Tryout Registration Form (completed & signed)
- Player Release & Eligibility Form (completed & signed)
- Medical Consent and Authorization Form (completed & signed)
- \$150 Pre-Registration Fee in form of Money Order/Cashier's Check/Cash made payable to Grand Rapids Drive
- \$200 Registration Fee at the Door (\*participation subject to availability\*)

All materials should be sent via traceable carrier (e.g., FedEx, UPS, DHL) to ensure delivery.

**NBA G LEAGUE TEAM:** GRAND RAPIDS DRIVE  
**PRE-REGISTRATION DEADLINE:** September 20, 2019

**TRYOUTS (*check one*):**  
**SEPT 28, 2019 @ MSA WOODLAND** [ ]  
**SEPT 29, 2019 @ JOE DUMARS** [ ]

### **PERSONAL & EMPLOYMENT INFORMATION:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Are you at least 18 years of age? Yes [ ] No [ ]

Do you currently have a legal right to work in the US? Yes [ ] No [ ]

Will you now or in the future require sponsorship for employment visa status? Yes [ ] No [ ]

Do you have any restrictions that would prohibit you from traveling outside of the United States? Yes [ ] No [ ]

If yes, please explain (location(s), nature of the restriction) \_\_\_\_\_

What mode of transportation will you be utilizing for your travel? Flying [ ] Train [ ] Driving [ ] Local Transit [ ]

### **PLAYING EXPERIENCE:**

High School -- Yes [ ] No [ ] If yes, what year(s)? \_\_\_\_\_

College -- Yes [ ] No [ ] If yes, what year(s)? \_\_\_\_\_

Professional -- Yes [ ] No [ ]

If yes, what team(s) and what year(s)? \_\_\_\_\_

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**DATE OF BIRTH**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**



### **2019 NBA G LEAGUE LOCAL PLAYER TRYOUT PLAYER RELEASE & ELIGIBILITY FORM**

In consideration for my participation in the 2019 Grand Rapids Drive ("Team") NBA G League Local Player Tryout ("Tryout"), and for other good and valuable consideration, receipt of which is hereby acknowledged, I, by my signature below, hereby acknowledge and agree to all of the terms set forth in this Release and Eligibility Form. Accordingly, I hereby:

1. acknowledge that there are risks associated with the strenuous athletic and physical activity that I will be involved in during the Tryout;
2. declare that I am at least 18 years of age and I am not an International Player (defined as a player who was born, and resides outside of, the United States or Canada and has never enrolled in a high school, college, or university in the United States or Canada);
3. acknowledge by this writing that NBA Development League, LLC (d.b.a. NBA G League) and Team have recommended that I obtain medical clearance from a physician prior to my participation in the Tryout. I understand the risks attendant to my failure to obtain medical clearance. By my signature below, I hereby represent that I either have received such medical clearance or, contrary to the recommendation of the NBA G League and Team, have decided not to obtain such medical clearance;
4. consent to undergo examination by any physician, hospital, laboratory, clinic, trainer, therapist, and/or other health care professionals or organizations designated by the NBA G League or Team (any of the foregoing a "Health Care Provider") during the Tryout;
5. release and waive any and all claims, liabilities and actions of any kind, including but not limited to, death, personal injury or loss or damage to property, howsoever caused or arising and whether by negligence, any intentional act or omission, or otherwise, that I, or any of my representatives, heirs, next of kin or assignees ("Representatives") may have, or that may hereinafter accrue to me or my Representatives, against the NBA G League and each of its teams, their related companies, affiliates, parents and subsidiaries, including, but not limited to, the National Basketball Association and its member teams (collectively, the "Released Entities"), and, for each such Released Entity, its respective owners, directors, governors, officers, stockholders, trustees, partners, physicians, employees, consultants, agents, affiliates, successors and assigns, in each case, arising out of or in connection with my attendance at, and participation in, the Tryout, including, without limitation, my participation in any practice, game, drill, physical examination or other activity, and any use and/or disclosure of my health or other personal information;
6. acknowledge the risks inherent in participating in the Tryout. I expressly assume all risk of injury or other harm (including, without limitation, permanent disability and death) arising out of my participation in the Tryout, however so caused or arising and whether by negligence, any intentional act or omission, or otherwise, and accept personal responsibility for any damages that might result from such injury, permanent disability or death and for any damage or injury that I may cause to others; and
7. give and grant perpetually to the NBA G League and its teams, and each of their affiliates, designees, and licensees, the exclusive non-revocable right in and to my routines, performances, concepts, and other materials created in connection with the Tryout and the proceeds of such performances and materials, including, without limitation, the perpetual and unlimited right to reproduce by any means (whether now known or hereafter developed) my voice, image, likeness, name, nickname, signature, biographical data, and any other identifying attributes ("Attributes") and any and all of my performances, appearances, related materials, and all such effects made, produced or created in connection with the Tryout (together with Attributes, the "Materials"), and the complete and unencumbered right throughout the world, to exhibit, record, reproduce, broadcast, transmit, publish, sell, distribute, perform, use and re-use for any purpose, in any manner, by any means and in any medium, whether now known or hereafter developed, all or any part or parts of the Materials, without any further consideration to me or my Representatives and without further authorization or notification.

By signing this Release and Eligibility Form, I (a) acknowledge that I have read and understand the provisions set forth in this Release and Eligibility Form and voluntarily consent to and accept the terms set forth herein, (b) expressly agree that if any portion of this Release and Eligibility Form is held invalid or unenforceable, the balance shall nonetheless continue in full legal force and effect, and (c) acknowledge that the NBA G League or Team shall not be obligated to me for any medical expenses or any other costs or damages.

#### **AGREED TO AND ACCEPTED:**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**DATE OF BIRTH**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**





## **2019 NBA G LEAGUE LOCAL PLAYER TRYOUT HEALTH INFORMATION AUTHORIZATION**

By my signature below, I authorize the use and/or disclosure of my Health Information as follows:

1. This authorization applies to all Health Information about me that is now (or, during the period covered by this authorization, may be) in the possession, custody or control of the persons or entities (or classes of persons or entities) identified below. As used in this authorization: "Health Information" means all information relating to my past, present or future physical or mental health or condition or medical record (including, but not limited to, my electronic medical record), including, but not limited to, all information relating to any injury, sickness, disease, condition, medical history, laboratory report or x-ray or other imaging test result, screening, medical or clinical status, diagnosis, treatment or prognosis, and "Health Care Provider" means any physicians, hospitals, laboratories, clinics, trainers, therapists, and/or any other health care professionals or organizations, but not including any of such health care professionals or organizations in their capacity as participants in the National Basketball Players Association Mental Health and Wellness Program.
2. I authorize Health Care Providers to use and/or disclose to any Health Care Provider any of the Health Information about me that is (or, during the period covered by this authorization, may be) in their possession, custody or control for the following purpose (the "Purpose"): any purpose relating to my participation in the 2019 NBA G League Local Player Tryouts or my employment (or potential employment) as a player in the National Basketball Association ("NBA") or the NBA G League ("G League"), and/or my participation in an NBA-approved summer league ("Summer League"), including, without limitation, for any purpose relating to player health and fitness.
3. During the period covered by this authorization, any Health Care Provider, the G League (but only with respect to G League players) and the NBA may, for the Purpose, use and/or disclose my Health Information to: (a) the NBA; (b) the G League; (c) the physicians, owners, general managers, coaches, trainers, therapists, and counsel and other team personnel (collectively "Team Personnel") of the NBA or G League team or teams for which I have agreed (or may agree) to render playing services (including, but not limited to, in connection with my Summer League participation); (d) in the event of any contemplated assignment of my playing contract to another NBA or G League team, or the potential signing of a playing contract with an NBA or G League team, the Team Personnel of such other team or teams; (e) any other NBA or G League team or Team Personnel as designated by the NBA or G League; (f) any entity from which any NBA or G League team seeks to procure, or has procured, any insurance policy covering my life or any disability, injury or illness I may suffer or sustain; (g) any entity from which the NBA or G League or NBA or G League team receives Health Information services (including, but not limited to, services related to the electronic collection, storage and processing of Health Information); (h) my certified player agent or representative; and/or (i) the media or public as a part of a team's public disclosure of player medical information under Article XXII, Section 4, Article XLI, Section 4, the NBA's injury, illness and rest reporting procedures for teams reporting to the media, and/or Exhibit A of the 2017 NBA/NBPA Collective Bargaining Agreement ("CBA").
4. I understand that any of my Health Information that is disclosed pursuant to this authorization may be redisclosed by the recipient of such information and no longer be protected by local, state or federal health information privacy laws or regulations.
5. I understand that my medical treatment will not be conditioned upon whether or not I sign this form, except in the case of health care that is solely for the purpose of creating Health Information for such purposes, uses and disclosures as set forth in Paragraphs 2 and 3 of this authorization.
6. Unless previously revoked, this authorization shall expire upon the later of: (a) one hundred twenty (120) months from the date it is signed; or (b) one hundred twenty (120) months following the termination of all agreements that have provided for my employment as an NBA or G League player (including, but not limited to, in connection with my Summer League participation).
7. I understand that I have the right to revoke this authorization at any time (but not without potential consequences as acknowledged below). In order to be effective as to any particular Health Care Provider, my revocation must be in writing and have been received by the Health Care Provider. The NBA will provide reasonable assistance to me in coordinating this revocation process with relevant NBA, G League, and/or Summer League teams and applicable Health Care Providers, but to receive this assistance I must provide a copy of my written revocation to the NBA at 645 Fifth Avenue, New York, New York 10022 (attn: General Counsel), and assist the NBA in identifying relevant Health Care Providers. I understand that my revocation will not be effective to the extent that anyone has already used or disclosed my Health Information in reliance upon this authorization. I further understand that my right to revoke this authorization shall not serve to excuse any failure on my part to comply with the provisions of any individual contract covering my employment as an NBA, G League, and/or Summer League player to which I am (or may be) a party, or any other agreement that may govern the terms and conditions of my employment as an NBA, G League, and/or Summer League player. In this regard, I understand that, if I do revoke this authorization, I may be subject to disciplinary action under the terms of my NBA Uniform Player Contract, G League Standard Player Contract, and/or the CBA.
8. I acknowledge that I have received a copy of this authorization.

**PRINTED NAME**

**DATE OF BIRTH**

**SIGNATURE**

**DATE**