



# **2012 INTERNATIONAL BASKETBALL LEAGUE** **TRYOUT REGISTRATION**

**TRYOUT DATES: FEB. 18-19, 10AM-3PM**

**LOCATION: Winter Park Community Center**  
**721 W. New England, Winter Park, FL 32789**

**TRYOUT FEE: \$150**





## 2012 INTERNATIONAL BASKETBALL LEAGUE – TRYOUT REGISTRATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daytime Phone: (    ) \_\_\_\_\_ Mobile Phone: (    ) \_\_\_\_\_

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

**(Email address that is checked daily.)**

Primary Mailing Address: \_\_\_\_\_

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

Position Player: **(circle all that apply):**    1       2       3       4       5

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

List ALL injuries & surgeries, during career. (Type, Date, Current condition): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List current & past medical conditions (asthma, diabetes, allergies, etc.): \_\_\_\_\_

\_\_\_\_\_

US Citizen? \_\_\_Y\_\_\_N    Current Passport? \_\_\_Y\_\_\_N    Country of Issue? \_\_\_\_\_

If not a US citizen, residency status? \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Phone: (    ) \_\_\_\_\_ Agent Email: \_\_\_\_\_



# 2012 INTERNATIONAL BASKETBALL LEAGUE – TRYOUT REGISTRATION

## COLLEGE BASKETBALL EXPERIENCE:

College Attended: \_\_\_\_\_ Head Coach: \_\_\_\_\_

Coach Phone: \_\_\_\_\_ Coach Email: \_\_\_\_\_

Final Season of Eligibility: \_\_\_\_\_

**NOTE: IBL participation could impact collegiate eligibility. Consult your coach or AD, if unsure.**

College Stats/Honors/Records: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PROFESSIONAL BASKETBALL EXPERIENCE:

Pro Team: \_\_\_\_\_ League/Country: \_\_\_\_\_

Year(s): \_\_\_\_\_ Additional information/comments: \_\_\_\_\_

## PAYMENT INFORMATION:

Select Method of Payment:

\_\_\_\_\_ Certified check or money order enclosed (Made payable to: Winning Ways International)

\_\_\_\_\_ Master Card or Visa Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

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

\_\_\_\_\_



## 2012 INTERNATIONAL BASKETBALL LEAGUE – TRYOUT REGISTRATION

### SIGNATURE REQUIRED, REGARDLESS OF PAYMENT METHOD:

Player Name: \_\_\_\_\_

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

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

Tryout participants are accepted on a first-come, first-serve basis until tryout dates are filled.

Prospective players not accepted will receive a full refund of their tryout application fee; upon tryout acceptance there are no refunds.  
NO EXCEPTIONS

I hereby authorize Winning Ways International, D/B/A Winning Ways Pro International (WWPI), to act on my behalf in any emergency situation requiring medical attention. I hereby release Winning Ways International, D/B/A Winning Ways Pro International (WWPI), and its employees from any and all action or causes, or actions known or unknown, resulting in any player injuries while at Winning Ways International, D/B/A Winning Ways Pro International, events.

REGISTRATION WILL BE CONFIRMED, VIA **EMAIL**, UPON RECEIPT. YOUR COMPLETED APPLICATION CAN **BE FAXED** TO: 407.339.5562 OR **MAILED** TO BELOW ADDRESS.

**WWW.WINWAYSPRO.COM**  
[HOOPS@WINWAYSINC.COM](mailto:HOOPS@WINWAYSINC.COM)  
PHONE: 321.304.3951  
FAX: 407.339.5562

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