



Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email – **PLEASE PRINT CLEARLY:** _____

Phone: (home) _____ (cell) _____ (work) _____

Date of birth: _____ Age: _____

Height: _____ Weight: _____

Previous Sports (Outside of Football):

Sport	Team	City, State	Level (recreational/collegiate/national)	Years

Previous Football Experience:

Position	Team	City, State	Type (flag/touch/tackle/pro)	Years

Position trying out for: (1st) _____ (2nd) _____ (3rd) _____

How did you FIRST become aware of the Richmond Black Widows? (Please circle one)

Friend	Flyer	TV	Radio	Newspaper	Web	Other
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What encouraged you to tryout today? _____

Education:

Degree	School Name	Major	Graduation Year

Current Occupation: _____

Employer: _____

Emergency Contact Info:

Name	Relationship	Phone (home/work)	Phone (cell)

What attributes do you possess that would make you a qualified candidate for the Richmond Black Widows team? _____

**Richmond Black Widows
Tryout Agreement**

Were you given a copy of the Richmond Black Widows Tryout Agreement? Yes No

Have you read the agreement in its entirety and fully understand its terms and conditions? Yes No

Print Name: _____

Signature: _____ Date: _____

**RICHMOND BLACK WIDOWS
TRYOUT AGREEMENT**

It is understood that this tryout is sponsored by the Richmond Black Widows Football Team. The purpose of this tryout is to obtain information regarding your potential participation as a full contact football player for the Widows. In order to participate on the Widows for the **2019** season, you must be available to attend training camp and play games as scheduled from January through August. If you are a successful candidate following the tryout, you may be invited to one or more mini-camps sponsored by the Widows that will test your football skills, agility and stamina. Mini-camp will also involve full contact sessions with helmets and pads. If you are successful candidate following the mini-camp, you may be invited to participate in training camp for the Widows. It is understood and agreed that by signing this agreement you are granting to the Widows, subject to any priority established by prior tryouts with another women's football team within the last 12 months as set forth above, a right of first refusal to offer you a player position with the Widows before you will be authorized to explore your playing opportunities with other women's football teams.

I understand that if I am offered the opportunity to participate as a player on the Widows, I agree to comply with all of the rules, regulations and guidelines of the franchise and of any league in which the Widows are a member.

I further understand that there are significant risks involved in participation in a full contact sport of women's professional football. I acknowledge and accept the risk that I may sustain one or more serious injuries during the tryout and the mini-camps. In this regard, I have no knowledge that I am pregnant or suffer from any injury or disability that would preclude me from active participation in the tryouts and the mini-camps covered by this agreement. It is further understood that until I am invited to training camp by the Widows that I am solely and fully responsible for the costs of any medical or other expense that may be incurred as a result of any injury occurring during the tryouts or mini-camp. I hereby agree to waive, release and hold the Widows, Inc, as well as its management and marketing Inc harmless against any claim for damages that I may incur as a result of any injury occurring during the tryouts or mini-camp.

It is further understood I must execute this agreement prior to participation at any tryout.

Have you read the Richmond Black Widows Tryout Agreement in its entirety and fully understand its terms and conditions? Yes No

Print Name: _____

Signature: _____ Date: _____