



2025 NBA G LEAGUE LOCAL PLAYER TRYOUT REGISTRATION FORM

INSTRUCTIONS

Mail all completed materials to the following address:

ATTN: Cleveland Charge Open Tryouts. 6101 Brecksville Rd., Independence, OH 44131 **OR**

E-mail PDF file of all completed materials to: chargetryouts@gmail.com

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

- 2025 NBA G League Local Player Tryout Registration Form (completed & signed)
- Player Release & Eligibility Form (completed & signed)
- Medical Consent and Authorization Form (completed & signed)
- \$200 Registration Fee Receipt Confirmation Number (via ClevelandCharge.com)

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

DEADLINE: Friday, September 19th @ 3pm EST

NBA G LEAGUE TEAM: Cleveland Charge

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)? _____

Player Signature _____

Date _____



2025 NBA G LEAGUE LOCAL PLAYER TRYOUT RELEASE & ELIGIBILITY FORM

In consideration for my participation in the 2025 **Cleveland Charge** ("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. agree to comply with all applicable Local Player Tryout health and safety protocols;
4. 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;
5. 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;
6. 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;
7. 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
8. 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:

SIGNATURE

DATE

PRINTED NAME



2025 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, laboratory result and data (including, but not limited to, information relating to any test result or vaccination related to COVID-19), screening, medical or clinical status, diagnosis, treatment or prognosis, and "Health Care Provider" means any physicians, hospitals, laboratories, clinics, diagnostic testing companies or other testing providers, trainers, therapists, and/or any other health care professionals or organizations (including, but not limited to, any such persons or entities conducting any examination of me in connection with the 2025 NBA G League Local Player Tryout (the "Local Tryout")), 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 collect, store and/or 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 a Local Tryout or my employment (or potential employment) as a player in the National Basketball Association ("NBA") or the G League ("G League"), and/or my participation in an NBA-approved summer league ("Summer League"), including, but not limited to, my compliance with the terms and conditions thereof and for any purpose relating to player health and fitness.

3. During the period covered by this authorization, the G League (but only with respect to G League players, which include, for purposes of this authorization, players participating in a Local Tryout), the NBA, NBA teams for which I have played (or may play) (including, but not limited to, in connection with my Summer League participation), G League teams for which I have played (or may play) (but only with respect to G League players, which include, for purposes of this authorization, players participating in a Local Tryout), and the physicians, owners, general managers, coaches, trainers, therapists, and counsel and other team personnel of the NBA or G League team(s) for which I have played (or may play) (including, but not limited to, in connection with my Summer League or Local Tryout participation) (collectively "Team Personnel") may, for the Purpose, collect, store, and/or use my Health Information. During the period covered by this authorization, the G League (but only with respect to G League players, which include, for purposes of this authorization, players participating in a Local Tryout), the NBA, NBA teams for which I have played (or may play) (including, but not limited to, in connection with my Summer League participation), G League teams for which I have played (or may play) (but only with respect to G League players, which include, for purposes of this authorization, players participating in a Local Tryout), Team Personnel, and Health Care Providers may, for the Purpose, disclose my Health Information to: (a) any Health Care Provider; (b) the NBA (including, but not limited to, its medical experts, its attorneys, and other service providers designated by the NBA); (c) the G League (but only with respect to G League players, which include, for purposes of this authorization, players participating in a Local Tryout) (including but not limited to, its medical experts, its attorneys, and other service providers as designated by the G League); (d) NBA teams, G League teams for which I have played (or may play) (but only with respect to G League players, which include, for purposes of this authorization, players participating in a Local Tryout), or the), or Team Personnel of any such NBA or G League team(s) for which I have played (or may play) (including, but not limited to, in connection with my Summer League or Local Tryout participation); (e) 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(s); (f) any other NBA or G League team or Team Personnel as designated by the NBA or G League; (g) 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; (h) 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); (a) my certified player agent or representative; and/or (b) at the direction of the NBA or the G League (but only with respect to G League players, which include, for purposes of this authorization, players participating in a Local Tryout), the media or public.

4. I understand that my Health Information disclosed pursuant to this authorization may be redisclosed by the recipient 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 disclosures as set forth in Paragraphs 2 and 3 of this authorization (including, but not limited to, in connection with or related to a Local Tryout).

6. Unless previously revoked, this authorization shall expire upon the later of three (3) years (a) from the date it is signed, or (b) 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 or Local Tryout participation), if applicable). This authorization shall supersede and control in respect of any prior Health Information Authorization executed in respect of a season for the Purpose.

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, including, but not limited as to any particular Health Care Provider, my revocation must be in writing and have been received by the Health Care Provider or other applicable individual or entity. The G League 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 G League at 645 Fifth Avenue, New York, New York 10022 (attn: General Counsel), and assist the G League 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 all requirements of the Local Tryout, and in the event I execute an employment contract as an NBA and/or G League player, 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 contract, and/or the 2023 NBA/NBPA Collective Bargaining Agreement.

8. I acknowledge that I have received a copy of this authorization.

SIGNATURE

DATE

PRINTED NAME

DATE OF BIRTH