

## \*\* 10 games/weeks\*\* Boys & Girls 3rd/4th Grade 2019 Winter League II Begins on January 15<sup>th</sup>, 2019

Game Nights/Times: Tuesday 5:30pm and 6:30pm Avoiding 7:30pm if at all possible

## Payment & signed waiver must be turned in by <u>Jan. 9<sup>th</sup> or until SOLD OUT.</u> <u>Only teams and individuals paid in advance will be put in the league.</u>

**Cost: \$119.00 a player** 

League entrants will be limited so sign up now.

Independent teams will practice at the coach's discretion.

Entrants into the league will be accepted by team or individual.

Team entrants must supply own coach and should have a minimum of 8 players.

Coaches may be needed. Please contact management if you are interested in coaching.

Player's Name	Scho	School	
Address	City	Zip	
Phone #Age	Grade B/G	Date of Birth	
Team/Coach	Email		
For Independent Players: Height_	Skill Level (1-5) _	5 being very strong	
Parent or Guardian Information:			
Name	Phone #	Relationship	
Waiver/Release (Signature require I, the undersigned, realizing that there is consideration of my (my child) being allowed activity. I further agree to release, indemn officers, officials, coaches, employees, and and for damages to, loss or destruction of any out of, result from, or in any way be conresponsibility to obtain health insurance. treatment for myself (my child) in the event Academy, LLC may utilize my name, addres in the promotion and operation of Evansville legally competent to sign this release, that I that I have signed this document of my own for the promotion of my o	risk inherent in any recreated to participate in this activity, hify, and hold harmless the Evagents from any and all claims y property or injury, sickness on nected with my participation I grant Evansville Basketball I am unavailable or unable. I s, and likeness and hereby waive Basketball Academy, LLC. I understand the terms herein are	I assume all risks in connection with this ransville Basketball Academy, LLC, its and liabilities of any type whatsoever, a death which may now or hereafter arise in this activity. I understand it is my Academy permission to seek medical acknowledge that Evansville Basketball are all rights to compensation for their use further state that I am of lawful age and	
Signature (Parent/Guardian)		Date	

Call EBA at 476-6654 or contact by e-mail at <a href="mailto:info@ebahoops.com">info@ebahoops.com</a> with any questions.

Please send application and payment to:

Evansville Basketball Academy 2800 Kotter Ave Evansville, IN 47715