

Not Offering at this time

**NEW 3rd/4th, 5th/6th, 7th/8th Grade
8 Games over 7 weeks
4 on 4 Saturday Draft League
Evaluations on Sept. 29th
Games Begin Oct. 6th after 1pm**



- 4 on 4 League = Faster paced games with more playing time
- LIMITED TO FIRST 24 paid players per division
- Cost is \$99 per player. (No team sign ups allowed)
- Contact EBA if interested in coaching in one of the leagues

Player's Name _____ School _____

Address _____ City _____ Zip _____

Phone # _____ Age _____ Grade _____ Date of Birth _____

Email _____

For Independent Players: Height _____ Skill Level (1-10) _____ 10 being very strong

Parent or Guardian Information:

Name _____ Phone # _____ Relationship _____

Waiver/Release (Signature required for Participation)

I, the undersigned, realizing that there is risk inherent in any recreational and competitive activity, and in consideration of my (my child) being allowed to participate in this activity, I assume all risks in connection with this activity. I further agree to release, indemnify, and hold harmless the Evansville Basketball Academy, LLC, its officers, officials, coaches, employees, and agents from any and all claims and liabilities of any type whatsoever, and for damages to, loss or destruction of any property or injury, sickness or death which may now or hereafter arise out of, result from, or in any way be connected with my participation in this activity. I understand it is my responsibility to obtain health insurance. I grant Evansville Basketball Academy permission to seek medical treatment for myself (my child) in the event I am unavailable or unable. I acknowledge that Evansville Basketball Academy, LLC may utilize my name, address, and likeness and hereby waive all rights to compensation for their use in the promotion and operation of Evansville Basketball Academy, LLC. I further state that I am of lawful age and legally competent to sign this release, that I understand the terms herein are contractual and are not mere recital; and that I have signed this document of my own free act.

Signature (Parent/Guardian) _____ Date _____

Call EBA at 476-6654 or contact by e-mail at info@ebahoops.com with any questions.

Please send application and payment to:

**Evansville Basketball Academy
2800 Kotter Ave
Evansville, IN 47715**