



*****10 Games over 8/9 Weeks*****

Boys 5th/6th Grade

2020 Fall League

Begins on October 22nd, 2020

Game Nights/Times: Thursday 5:30, 6:30 and 7:30pm
Avoiding the 7:30 time slots as much as scheduling allows

DEADLINE is Oct. 16th or until SOLD OUT

LEAGUES SIZE WILL BE LIMITED TO FIRST 12 PREPAID TEAM* SLOTS

******COVID-19 Protocols will be in place to limit crowd size******

We will be regularly adjusting the policies to best meet the safety of the community

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 8 players.

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

Player's Name _____ School _____

Address _____ City/ST _____ Zip _____

Phones# _____ Age _____ Grade _____ B/G _____ Date of Birth _____

Team/Coach _____ Email _____

Shirt Size _____ **For Independent Players:** Height _____ Skill Level (1-10) _____ 10 Best

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 e-mail at info@ebahoops.com with any further questions.

Please send application and payment to:

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