



**NEW 4 on 4 FASTBREAK**  
**Boys 7<sup>th</sup>/8<sup>th</sup> Grade**  
**2019 Winter League  Begins January 5<sup>th</sup>**  
**6 games over 4 weeks**

Game Day/Nights: Saturdays  
Game times will be after 12pm

**Payment/signed waiver must be turned in by Dec. 30<sup>th</sup>, or until SOLD OUT.**  
**Only teams and individuals paid in advance will be put in the league.**

**Cost: \$ 69.00**

**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 maximum of 6 players per team.

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

**Player's Name** \_\_\_\_\_ **School** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **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 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](mailto:info@ebahoops.com) with any questions.

**Please send application and payment to:**

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