



**\*\*10 Games over 9 Weeks\*\***

**Boys 7<sup>th</sup>/8<sup>th</sup> Grade**

**2020 Fall League**

**Begins October 21<sup>st</sup>, 2020**

Game Nights/Times: Wednesday after 5:30pm

**DEADLINE is October 15<sup>th</sup> or until SOLD**

**LEAGUES SIZE BE LIMITED TO FIRST 12 PREPAID teams**

**\*\*\*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](mailto:info@ebahoops.com) with any further questions.

**Please send application and payment to:**

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