



2800 Kotter Ave. Evansville, IN 47715 812.476.6654 [www.ebahoops.com](http://www.ebahoops.com)

Pocket City Basketball is going to run G.E.B.L. (FEEDER TEAM) LEAGUE in the 2021 – 22 season League will be 6 games plus year end tournament beginning the weekend of Nov. 13 – 14.

Boys will play on Saturdays and Girls on Sunday

Divisions will be 5<sup>th</sup>/6<sup>th</sup> and 7<sup>th</sup>/8<sup>th</sup> grade LIMIT IS 24 TEAMS

More information can be found on the PocketCityBasketball website

**Evansville Basketball Academy LLC. JR PREP Team Entry Form & Team Roster**

**School:** \_\_\_\_\_ **Coach:** \_\_\_\_\_

*League starts Saturday Nov. 13<sup>th</sup> for boys and Sunday the 14<sup>th</sup> for girls*

**Coach/Team manager's phone numbers and emails are REQUIRED**

**Division:**      **Boys**      **5<sup>th</sup>/6<sup>th</sup>**      **7<sup>th</sup>/8<sup>th</sup>**                      **Girls**      **5<sup>th</sup>/6<sup>th</sup>**                      **7<sup>th</sup>/8<sup>th</sup>**

Name Print Clearly	Address Street, City, State, Zip Code	Phone Number	Grade In now	School Attending	Waiver	Jersey Size
COACHES	ADDRESS	PHONE #S		Email Address		
					Xxx	Xxx
					xxx	Xxx
					Xxx	xxx

**\$750 fee and rosters are due by November 1<sup>st</sup>, 2021.**

The league reserves the right to reject any form which is not timely, complete, signed, or include payment in full.

**Individual Waivers and Checks Payable to EBA can be mailed or dropped off to:**

**2800 Kotter Ave. Evansville, IN 47715**

# **Evansville Basketball Academy LLC Player Waiver**

**Every player and coach on every team must complete and turn in this form**

**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 of 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.**

**Print Players Name**\_\_\_\_\_

**Players Team**\_\_\_\_\_

**Signature of Parent/Guardian (If under 18)**

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_