



Evansville Basketball Academy

2800 Kotter Ave. Evansville, IN 47715

19th Annual Thanksgiving Shootout Tournament

Nov. 24th – 25th, 2018

Entry Deadline is Nov. 20th

- Boys & Girls Divisions 3rd, 4th, 5th, 6th, 7th, & 8th Grades Offered
- Pool Play + Single Elimination Tournament (3 game min.)
- Reasonable Admission Fees
- Fully Stocked Concessions Available (No outside food/drink allowed)
- Tri-States Best Courts
- Quality High School Officials
- Team and Individual Awards for 1st & 2nd place

\$150.00 Entry Fee must be paid in advance before game times will be scheduled for your team.

All parents must sign the release waiver before any player can participate in any EBA event. Each Team will be responsible for providing basketballs for warm ups as well as a qualified scorekeeper or game clock operator.

EBA will not tolerate poor sportsmanship from players, coaches, or fans.

\$150.00 Entry Fee must be included with application

Send Applications to: EBA, 2800 Kotter Ave., Evansville, IN 47715

Team

Name _____

Boys/Girls: _____ **Grade:** _____ **Coach:** _____

Home#: _____ **Work/Cell#:** _____

Email: _____

Address: _____

City: _____ **ST** _____ **ZIP** _____

Complete team information and collect ALL waiver signatures and return with payment to EBA No team is entered without waivers and prepayment!!

Team Name: _____ Division: _____ Boys/Girls: _____

Coach/Manager: _____ Daytime Phone#: _____

Night Time#: _____ E-mail: _____

Address: _____ City: _____ ST: _____ Zip: _____

Tournament Date(s) Entered: _____ Fee Enclosed: _____

**Participation
Waiver:**

Each player must have a parent/guardian signature in order to participate. Signature indicates that parent/guardian has read and fully understands waiver.

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, indemnity, and hold harmless the Evanville 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 the Evanville Basketball Academy permission to seek medical treatment for myself (my child) in the event I am unavailable or unable. I acknowledge that Evanville 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 Evanville 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 signed this document of my own free act.

Player _____ Parent/Guardian Signature _____

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