



2800 Kotter Ave. Evansville, IN 47715

2017 -18 Tournament Schedule

Contact us at: (812) 476-6654

Fax# (812) 476-6684

www.EBAHOOPS.com

Info@EBAHOOPS.com

*****1st & 2nd Place TEAMS & PLAYERS AWARDS*****

All Tournaments are at least 3 games Guarantee.

DEADLINE FOR EACH EVENT IS 8 DAYS PRIOR.

Dates:	Grade:	Boy/Girl	Tournament:	Cost:
<u>2017</u>				
___ Nov. 25 – 26	3 – 8	Both	18 th Annual Thanksgiving Classic	\$150
<u>2018</u>				
___ Feb. 9 - 10	3 - 8	Both	17 th Annual Winter Shootout **School Teams Only**	REF FEE ONLY
___ March 9 – 10	3 - 8	Both	Spring Fling Great Travel Team Warmup	\$150
___ April 21 - 22	4 - 12	Both	43 th Annual M.A.Y.B. Spring Shootout	See *
___ July 13 - 15	4 - 12	Both	19 th Annual M.A.Y.B. Summer Event	See*
___ Sept. 27 th	3 - Open	Both	3 on 3 Double Elimination Tournament	\$ 50
___ Oct. 27 th	3 - Open	Both	3 on 3 Double Elimination Tournament	\$ 50
___ Nov. 24 -25	3 – 8	Both	19 th Annual Thanksgiving Classic	\$150
___ Dec. 29 - 30	4-8	Both	17 th Christmas Classic Tournament	\$150

***M.A.Y.B sign up information is obtained at www.mayb.com**

******EBA does not allow outside food or drinks to be brought into the facility as FULL CONCESSIONS are made available daily. ******

A nominal daily admission fee (not the \$10 a day school's charge) at each event.

REGISTRATION FORM ON THE BACK OF THIS FLIER

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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