

SOUTHEAST BASKETBALL ACADEMY 2010 FALL LEAGUE

SEBA Atlanta is pleased to announce the return of the SEBA Metro Atlanta Fall League for Boys High School Players. This league is open to high school players in grades 10-12. Games will be played on Saturday mornings starting August 21st and ending October 16th. Please note there will be no games played Sept. 4 Labor Day weekend or Sept. 18th to accommodate the SEBA Atlanta All-Star Shootout Camp.

Each team will play a minimum of 7 games. We anticipate fielding 8 total teams (with 8-10 players per team). Registration will be closed after the first 80 registrations. Every effort will be made to ensure teams are as equally balanced and competitive as possible. Player Substitution system will allow equal playing time for all players. League results updates and Top Performers will be posted on the SEBA website.

WHEN: August 21st through October 16th (no games on Sept. 4th or Sept. 18th)

WHERE: Faith Lutheran Church Gym – 2111 Lower Roswell Rd., Marietta, GA 30068

COST: \$95 per player - includes numbered jersey.

Players registering for SEBA Fall Training Program receive \$15 discount off Fall League

Please Note: This league is not designed to be instructional in nature. Rather, the league will serve as a competitive playing opportunity to compliment the pre-season conditioning and skills training being performed by high school players during the week.

To confirm your registration, you must be one of the first 80 paid entries and have completed the below registration form. Registration is first come first serve with **deadline being August 10th, 2010** or when full. SEBA reserves the right to refuse any registration. No refunds will be given after Aug. 10th without a doctor's note.

Questions: Please Contact Director William LoPresti at (404) 435-6819 or email WLoPresti@southeastbasketballacademy.com. Additional registration forms can be found at www.southeastbasketballacademy.com.

The undersigned, being the parents and/or legal guardians of said player, herewith knowingly and voluntarily assume all risk and responsibility and hold harmless Southeast Basketball Academy, Inc. (SEBA) and its Directors, organizers, and coaches from any and all liability, claims, actions, demands, and judgments arising out of any and all injuries sustained while participating in the SEBA Fall League. I hereby authorize and give full consent to SEBA to copyright and/or publish any and all photos and film in which my child appears while participating in this league. I hereby authorize staff members of SEBA or any other responsible person delegated by the above to take my child to any accredited hospital or emergency treatment center in case of injury sustained in connection with the League.

Player's Name: _____ **School:** _____ **Grade (2010-11) :** _____
Height: ____ **Weight:** ____ **Position:** ____ **Travel / AAU Team:** _____
Level played last year (Varsity, JV, Freshman, etc.) _____ **Home Phone:** _____
Address: _____ **City:** _____ **St:** _____ **Zip:** _____
Email Address (*Important – Used for Confirmation): _____
Emergency Contact Name: _____ **Emergency Contact Number:** _____
Please list any teammate requests: _____

Note: These will be honored on a best effort basis and are not guaranteed)

Parent / Guardian Signature (if under age 18): _____

Please mail this form and \$95 payment to:

**Southeast Basketball Academy, Inc.
Attn: Fall League
P.O. Box 440312
Kennesaw, GA 30160**

* Team Assignments and Game Schedule will be sent via email no later than Aug. 14th *