



## 2019 Atlanta College Showcase - Player Registration Form

\*\*PLEASE FILL OUT COMPLETELY AND LEGIBLY; INFO USED IN COACHES/SCOUT BOOKLET

Player Name: \_\_\_\_\_

Graduating Class (Circle One): 2019 (Senior) 2020 (Junior) 2021 (Soph) Prep (Post Grad)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Position: \_\_\_\_\_

High School: \_\_\_\_\_

High School Coach: \_\_\_\_\_ Coach Email: \_\_\_\_\_

2018-19 Varsity Stats: Points Per Game: \_\_\_\_ Rebounds Per game: \_\_\_\_ Assists Per game: \_\_\_\_

Awards/Honors (ie: All-State, All-Region, All-Tourney Selections, Team Awards, MVP, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

AAU Program (if applicable): \_\_\_\_\_

AAU Coach: \_\_\_\_\_ Coach Email: \_\_\_\_\_

Player Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Parent(s) Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email (\*Important – Used for Confirmation): \_\_\_\_\_

GPA: \_\_\_\_\_ ACT Score: \_\_\_\_\_ SAT Score (Reading + Math Only): \_\_\_\_\_

I the Parent/legal guardian of the son hereby give our approval for participation in the SEBA Basketball Camp Event. I assume all risks and hazards incidental to such participation including transportation to and from camp and I do hereby release, absolve, indemnify, and agree to hold harmless Southeast Basketball Academy, Inc. (SEBA), participating sponsors, organizers, coaches, and staff supervisors for any claim arising out of any injury to my child. I hereby authorize and give full consent to Southeast Basketball Academy to copyright and/or publish any and all photos and film in which my child appears in while attending this SEBA Camp. I understand there will be no refunds issued within 60 days of camp. I hereby authorize staff members of SEBA or any other responsible person delegated by any of the above to take my child to any accredited hospital or emergency treatment center in case of injury sustained in connection with the SEBA Camp. (Website)

Child's Name \_\_\_\_\_ Parent / Guardian Name \_\_\_\_\_

Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE MAIL \$95 ENTRY FEE AND THIS FORM TO:**

(Please Note: Entry Fee is \$125 if postmarked after February 27th)

**Southeast Basketball Academy, Inc.**

**Attn: Atlanta College Showcase**

**P.O Box 440312**

**Kennesaw, GA 30160**

(Make all checks payable to Southeast Basketball Academy, Inc.)