



2019 Atlanta All-Star Shootout - Player Registration Form

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

Player Name: _____

Graduating Class (Circle One): **2020** (Senior) **2021** (Junior) **2022** (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-County, All-Tourney Selections, Team/Coaches Awards, 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. (Invite)

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 August 13th)

Southeast Basketball Academy, Inc.

Attn: Atlanta All-Star Shootout

P.O Box 440312

Kennesaw, GA 30160

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