



USBA CAMP/CLINIC/SHOWCASE APPLICATION

FOR SCOUTING PURPOSES, PLEASE GIVE AS MUCH INFORMATION AS POSSIBLE

Date of Event _____ *City* _____ *St* _____ *Payment, Check one:*
Full Amount ___ *Deposit* ___ *Balance* ___

Last Name _____ First Name _____

Date of Birth ___/___/___ Current Age ___ Year of High School Graduation _____

Mailing Address _____

City _____ State _____ Zip _____

Height _____ Weight _____ Position _____ Gender: Male _____ Female _____

Player's Cell Phone (if applicable) () _____

Players E-mail address (if applicable) _____

School Attending _____ City _____ State _____

SAT/ACT _____ GPA _____

School Coach _____ Phone() _____

Travel Team Name _____

Travel Team Coach _____ Phone() _____

Parent/Guardian Name _____

Home Phone() _____ Work _____ Cell _____

Parent E-mail address _____

Roommate Requests(if applicable) _____

Parent/Guardian

By signing below I grant permission for my son/daughter to participate in strenuous basketball activities with the United States Basketball Association, Inc. By signing below, I release the United States Basketball Association, Inc its officers, directors, referees, and coaches from any legal responsibility in the event of an accident, injury, or death involving my son or daughter .In case of such accident/injury I authorize the United States Basketball Association, Inc to act on my behalf, to their best judgment, in case of such an accident/injury. My child has no known medical conditions that would prevent them from participation in competitive basketball activities.If necessary, I also approve any pictures/photos of my son/daughter for any publication, news media, etc.

Parent/Guardian _____ *Date* _____

Parent/Guardian Printed Name _____

Mail To: USBA, 2275 Captain Waring Ct., Mt. Pleasant, SC 29466