

Print clearly

Camp #



Name \_\_\_\_\_ #

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone & Alt. Phone \_\_\_\_\_

Valid Email Address \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ D.O.B. \_\_\_\_\_

College \_\_\_\_\_ Yrs Played \_\_\_\_\_ Graduate ? Yes / No

Avg Pts \_\_\_\_\_ Shooting % \_\_\_\_\_ Avg Asts \_\_\_\_\_ Avg Rbds \_\_\_\_\_

Honors \_\_\_\_\_

Have you ever played professionally? Yes No Do you have a valid Passport? Yes No  
If Yes, list teams and dates. \_\_\_\_\_

**READ CAREFULLY AND SIGN BELOW:**

You are required to be covered by medical insurance. By completing this form you are signing confirmation that you are covered by your own health/accident insurance and you are in good health and release USA Select Basketball, Sean Kilmartin, Nick Mellisaris, David Lawrence, Mike Palladino, Ricky Pitts, Steve LePore and Adam Prossin specifically as well as all persons and facilities from harm and from all liabilities. You will need a passport to travel outside the US. If you have a criminal record, we reserve the right to terminate our relationship with you immediately and with out refund. Player specifically releases the facility in which they participated for all events.

Any and all players participating in USA Select Basketball events, internationally or domestically, do so at their own risk. All players state they are healthy and have been cleared by a medial professional for this activity. By participating, players release USA Select Basketball (and those associated with it) from all harm, injury and liability. They are in good health and are covered by health insurance. Any players/participants that do not adhere to our code of conduct will be removed with out warning and without refund. We will only accept players that can represent the Untied States of America will elegance, poise and class. We do not guarantee any contracts or professional signings, only the oppotunity to compete and be seen. Any assumption otherwise is unwarranted!

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:**

Amount Fee paid \_\_\_\_\_ Method of Payment \_\_\_\_\_ Date \_\_\_\_\_