

Camp Uniform #

There are several parts to this memo, please read and understand each part and follow the directions. Please Print Clearly.

**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 Assist:** \_\_\_\_\_\_\_\_\_ **Avg Rebounds:** \_\_\_\_\_\_\_\_\_

**Honors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mediations / Illnesses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*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 Melissaris, David Lawrence, Mike Palladino, Ricky Pitts, Noah Brown 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 without 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 medical 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 without warning and without refund. We will only accept players that can represent the United States of America will elegance, poise and class. We do not guarantee any contracts or professional signings, only the opportunity to compete and be seen. Any assumption otherwise is unwarranted!

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

**Office Use Only:**

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

Continued On Next Page:

*READ EACH POINT, THEN INITIAL BESIDE IT*

*\*USA Select Basketball ( here in known as USA Select) is a voluntary opportunity for individuals to compete for the opportunity to travel outside the United States and to play basketball in other countries, including but not limited to Europe. I understand that this trip is similar to a vacation abroad. Team USA Select/Sean Kilmartin is not a travel agency and not intended to be so. \_\_\_\_\_\_\_\_\_\_*

*\*USA Select is not an agency and does not promise, guarantee any jobs, contracts or professional signings. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\* I am healthy and have been medically cleared to play. I am healthy and understand there is a risk of severe injury or death. I fully release from all harm/injury all persons and facilities related with my USA Select experience, tryouts or travel.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\* USA Select is simply a name to identify the individuals that have been given and accepted the opportunity to play in the aforementioned games. It is not a professional team. Neither USA Select nor Sean Kilmartin are responsible for any injury of any kind for any person associated with the trip. By signing this document, I certify that I have been cleared by a properly recognized health care professional to compete in sporting events, including the aforementioned basketball games. I certify that I am in good health and there are no illnesses or injuries or reasons I cannot compete. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\* I understand the USA Select nor Sean Kilmartin, Ricky Pitts, David Lawrence, Nick Melissaris, Mike Palladino, or any people associated with them, does not and will not carry health insurance of any kind on/for me. I certify that I am covered by health and accident insurance, and that insurance allows me to be covered while vacationing abroad as well as participate in these events. \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\* I have, or will have prior to departure, a valid US passport\_\_\_\_\_\_\_\_\_\_*

*\* I will follow the rules and laws of any country I enter and hold harmless USA Select/Sean Kilmartin from any legal violations I occur.\_\_\_\_\_\_\_*

*\* I release all facilities and volunteers from all harm or injury. I am a voluntary participant and understand the risk injury in this event and competition\_\_\_\_\_\_\_\_\_\_\_*

*\* I totally release Sean Kilmartin, David Lawrence, Ricky Pitts, and Nicholas Melissaris from all harm or injury I may occur while making this trip, or in any tryout or related events. I understand that scheduling changes may occur that are beyond their control and I release them from liability. \_\_\_\_\_\_\_\_\_\_*

* *By signing this letter, I agree that I have read, understood and agree with each and every limitation set forth.*

***(Sign and Date)***