

**KANSAS BASKETBALL COACHES ASSOCIATION
ALL STAR BASKETBALL GAMES
INFORMATION SHEET**

PLEASE FILL OUT AND RETURN

**To: Randy Walling, KBCA Program, 1416 Quivira Road,
Washington, Ks. 66968 cell: 785-747-8471**

Player's Cell Phone:() _____

NAME: _____ **HOME PHONE** () _____

HOME ADDRESS: _____ **BOX NO.** _____

CITY _____ **ZIP CODE** _____

NAME OF PARENTS OR GUARDIANS: _____

NAME OF HIGH SCHOOL: _____

NAME OF HEAD COACH: _____ **HOME PHONE** () _____

Players Summer Email: _____

Parents Email: _____

PERSONAL INFORMATION:

Height _____ Position _____
Average Points per Game _____ Average Assists per Game _____
Average Rebounds per Game _____

UNIFORM SIZE: Jersey _____ Shorts _____

COLLEGE INTENTIONS: _____

(Example: Basketball Scholarship - Washburn University)

****PLEASE SEND A BILLFOLD SIZE PICTURE (HEAD
SHOT IS BEST) TO BE USED IN THE PROGRAM****

**HAVING COMPLETED THIS QUESTIONNAIRE AND HAVING ENCLOSED A
FIFTY DOLLAR (\$50) COMMITMENT FEE, I AGREE TO PARTICIPATE IN
THE KBCA ALL STAR GAME ON SATURDAY JUNE 24, 2017. I
UNDERSTAND THAT THE FIFTY DOLLARS (\$50) CHECK WILL BE HELD
AND RETURNED TO ME AFTER I HAVE PARTICIPATED IN THE ALL STAR
GAME.**

PLAYER SIGNATURE: _____

PARENTAL AUTHORIZATION:

We (or I) hereby authorize the Kansas Basketball Coaches Association, or its designee, to select hospital facilities and/or a physician of their choice and authorize treatment of the below named applicant on an emergency basis in the event treatment becomes necessary. We (or I) will be responsible for all medical bills incurred as a result of illness or accident while the below named applicant is taking part in the KBCA All Star Game and practices, except those bills covered by insurance. We (or I) hereby release the KBCA and its agents from all claims on account of injuries, illness, or disease which may be sustained by the below named applicant while attending the KBCA All Star Game, and we (or I) further agree to indemnify the KBCA and its agents for any claims which may hereafter be presented by the applicant as a result thereof.

Date _____ Signature of Applicant (player)_____

Date _____ Signature of Mother: _____

Date: _____ Signature of Father: _____
(Whenever possible, both parents/guardians must sign the release)

In case of emergency: (Print clearly)

Mother's Cell Number: _____

Father Cell Number: _____

Stop!!!! Please check these items before sending to the KBCA

All information is completed and form signed in all places.

A senior picture (head shot) is enclosed with this information sheet.

A \$50.00 check made out to the KBCA for your commitment to play. (Once you have played the check will be torn up by the KBCA)

You have included the sponsor sheet page 3 for the KBCA to contact sponsors.(with emails)

ATTENTION PLAYER: Please list on the sheet enclosed the names and addresses of people or business places that we can contact to help sponsor the All Star Game Program. Listing them does not necessary commit them, the KBCA will contact the sponsors. Please send full addresses of the sponsors so we will be able to contact them. Emails of sponsors work real well for contacting them. ****We must have their email.****

A SPONSOR WILL GET TWO ADMISSIONS AND AN ALL STAR PROGRAM FOR \$30.00.

SPONSORS FOR THE ALL STAR PROGRAM

<u>Advertiser Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Phone</u>
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1.

Email:

2.

Email:

3.

Email:

4.

Email:

5.

Email:

6.

Email:

7.

Email:

8.

Email:

Thank you for your help.