



Indiana Basketball News and Gym Rats Basketball Boys Showcase of Stars

2008 College Exposure Shootouts

At: Spiece Fieldhouse Fort Wayne, IN 46825

This application may be reproduced as needed for interested players

Dates : Sunday, April 6, Sunday, October 5, 2008, and Sunday, October 26, 2008

Applicants are encouraged to pre-register

**Cost: \$125 Pre-registered
\$150.00 Day of event (Walk-ups)**

Please Circle Event Date: Sunday, April 6, 2008 • Sunday, October 5, 2008 • Sunday, October 26, 2008

Participant's Name: _____

Email: _____ Birthdate: ___/___/___ Ht. _____ Wt. _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone (_____) _____ School Phone (_____) _____
Area Code Area Code

Playing Position: G F C GPA: _____ ACT: _____ SAT: _____

Present Grade: 12 11 10 9 8 College (circle one) Frosh Soph

School Name _____ School Address: _____

City _____ State: _____ Zip: _____

School Statistics: PPG _____ RPG _____ APG. _____ OTHER _____ Jersey Size: L XL 2XL 3XL

Payment Information:

Please Circle: Check Money Order **TOTAL AMOUNT ENCLOSED: \$** _____

OR CHARGE TO:

Mastercard _____ Visa _____ Exp. Date: _____ Card No. _____

Cardholder Name (print) _____ Signature: _____

Parental Authorization

I, the parent/legal guardian of the named applicant, hereby authorize (IBN) Indiana Basketball News to procure, obtain and/or provide medical care or treatment, including the selection of medical doctor or facility for the applicant named below in the event of injury if I cannot be reached for consent.

I agree that I solely shall be financially responsible for any and all medical bills incurred as a result of illness, injury or accident while the below named applicant is attending an IBN event. In consideration for accepting the below named applicant's application for enrollment, I hereby release Indiana Basketball News (IBN, and Gym Rats Inc.), from all claims resulting from illness or injury sustained by the applicant while attending the IBN event. I agree and consent to the enforcement of event and site rules. I understand that should the below named applicant fail to abide by any rule or policy of the event or any law, the applicant will be dismissed from the event and shall not be entitled to any reimbursement or recourse.

Date: _____ Applicant's Signature: _____

Parent's/Guardian Signature: _____

Parent's/Guardian Phone: (work) (_____) _____

The application information is needed for college coaches. Mail the Application with Check, Money Order or Credit Card information in the amount of the Registration Fee to:

**Indiana Basketball News
PMB 443
2158 45th Street, Highland, IN 46322
Phone/Fax 219-392-1586
Cell 219-614-2535**

Shootout Space is Limited. Applicants accepted on a first-come, first-serve basis. Log on daily at: www.inbnews.com