

Miss Basketball Minnesota Showcase

• Roster Addition •

To add a player to your roster, have them complete the following Player Profile Sheet and Waiver Form. Make sure the team name is on the profile sheet & the player's correct summer jersey number.

Fax the completed forms to 501-421-6490.

If you have a player to delete from your roster, please write the name below and include this page with your fax.

Delete:

Miss Basketball Minnesota Showcase

• PLAYER PROFILE SHEET •

NOTE: This player profile sheet must be filled out completely and accurately by all participants. Please print clearly so it's readable by our staff. Use blue or black ink pen only; pencil and red ink won't fax clearly.

Summer Team _____

Date of Birth M/D/YR ____/____/____

Dark Uniform # _____ Light Uni # _____

Player Name _____

Address _____

City _____

State _____ ZIP _____

Player's Home Phone _____

Player's Cell _____

Mother's Name _____

Father's Name _____

High School _____

Coach _____

School Address _____

City _____ State _____ Zip _____

Coach's School Phone _____

Circle grade in 2010-2011: 12 11 10 9

Height _____

Weight _____

GPA _____ GPA Scale _____

ACT _____

Class Rank ____/____

Primary position you play (circle)

PG 2G Wing Forward Post

Secondary position you play (circle)

PG 2G Wing Forward Post

Level played during 2009-2010 (circle)

Varsity Jr. Varsity 9th Other

High School Stats (for level circled)

Points Per Game _____

Rebounds Per Game _____

Assists Per Game _____

2 PT FG % _____

3 PT FG % _____

FT % _____

Most points in a single game _____

School team's W/L record _____

How far in the state playoffs did your team advance? _____

Awards or honors that player has received (list): _____

2010 Miss Basketball Showcase, Dakota Showcase & Big Show & MN Showcase

• WAIVER & RELEASE OF LIABILITY •

DISCLAIMER: MR. BASKETBALL, INC., IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE MISS BASKETBALL BIG SHOW, MISS BASKETBALL SHOWCASE OR DAKOTA SHOWCASE FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF MR. BASKETBALL, INC., ITS AGENTS OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not-to-sue Mr. Basketball, Inc., and any of its employees or agents, from any and all present and future claims resulting from ordinary negligence on the part of Mr. Basketball, Inc., or others listed for property damage, personal injury, or wrongful death, arising as a result of my participating in the Miss Basketball Showcase, Big Show, Minnesota Showcase or Dakota Showcase. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that participation in basketball may involve injury of some type. The severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons or muscles, to catastrophic injuries to the head, neck, and spinal cord. On rare occasions, injuries can be so severe as to result in total disability, paralysis, or death.

I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of personal injury, property damage, or death. I further agree to indemnify and hold harmless Mr. Basketball, Inc., and others listed for any and all claims arising as a result of my participation in the Miss Basketball Showcase, Big Show, Minnesota Showcase or Dakota Showcase, or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Nebraska and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Nebraska. I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of Mr. Basketball, Inc., or any of the parties listed above.

By my signature hereunder, I warrant that I am in good physical condition, and am capable of full and active participation in the Miss Basketball Showcase, Big Show, Minnesota Showcase or Dakota Showcase.

I certify that the participant is covered by medical insurance and accept responsibility for payment of all medical and related services arising from participation in the Miss Basketball Showcase, Big Show, Minnesota Showcase or Dakota Showcase. In addition, I/We being the parents or legal guardians of the participant authorize Mr. Basketball, Inc., and its agents permission to request emergency medical treatment or care as necessary to insure the well being of our dependent.

Participant Name (Printed) _____

Signature of Participant _____ Date _____

Signature of Parent _____ Date _____