

2017 Girls' Fall Showcase Registration Form

Mail this application along with \$95 payment

(Please print or type)

Player's Name _____

Height _____ Position _____ Birth date _____

Grade for **2017-18** _____ School for **2017-18** _____

City of School _____ State _____

Player's Home Address _____

City of Home _____ State _____ Zip _____

Coach _____

Player's Home Phone (____) _____

E-Mail
Address _____ @ _____

Circle T-Shirt Size (Adult Sizes): X-Large Large Medium Small

Disclaimer: I, the parent/guardian of the above minor ("Athlete"), do certify that his physical condition is sufficient for full participation and understand said participation involves an element of risk and possible injury. If an emergency arises at any point during the session, I grant "High Potential" permission to provide transportation to and from a medical facility for treatment of injury or illness with the understanding that the financial responsibility for treatment is mine. I understand that "High Potential" does not provide medical insurance and is the responsibility of the parent/guardian. I assume all risk and agree to hold harmless "High Potential" from all claims resulting from accidents and injuries that result from participation in all athletic activity. Knowing all these risks, I hereby release and discharge "High Potential" from any and all liability resulting from the Athlete's participation in any aspect of "High Potential."

Parent Signature _____ Date _____

Refunds/Cancellations Canceling 2 days or more prior to the showcase = \$50 fee. No refund of total tuition fee if one fails to give a notification less than 2 days before Showcase. Players leaving the Showcase early due to injury or other reasons will not receive a refund due to contractual obligations with Bullitt Central High School. "No-shows" forfeit entire payment.

Please indicate which payment plan you are sending with this application:

____ \$95 Tuition – Check enclosed

____ MasterCard ____ Visa ____ American Express ____ Discover

Card No. _____ Exp. Date _____

Security Code _____

Make all checks payable to: **HIGH POTENTIAL BASKETBALL**
and mail application and deposit to:

HIGH POTENTIAL BASKETBALL
P.O. BOX 155
SHEPHERDSVILLE, KY, 40165

For questions call (502) 543-7308 or fax (502) 543-4635 or e-mail bolus@twc.com.

Note: A confirmation packet will be either emailed or mailed to you upon receipt of your application and deposit.

Registration and payment are due by **September 21, 2017**.