



2015 Indiana Summer Games BASKETBALL ENTRY FORM

FOR OFFICE USE ONLY

Date Received _____
Amt. Received _____

Enter online at www.indianasummergames.com or mail completed entry form to Indiana Summer Games, 1433 N. 6 1/2 Street, Terre Haute, IN 47807. Scan and email to info@indianasummergames.com.

If the event is less than three weeks away call the Indiana Summer Games office at 812-237-8503 to confirm your teams spot before mailing.

Select a Division

MALE

- Exiting 2nd Grade
- Exiting 3rd Grade
- Exiting 4th Grade
- Exiting 5th Grade
- Exiting 6th Grade
- Exiting 7th Grade
- Exiting 8th Grade
- High School JV
- High School Varsity

FEMALE

- Exiting 2nd Grade
- Exiting 3rd Grade
- Exiting 4th Grade
- Exiting 5th Grade
- Exiting 6th Grade
- Exiting 7th Grade
- Exiting 8th Grade
- High School JV
- High School Varsity

COACH/TEAM REPRESENTATIVE INFORMATION

LAST NAME _____ FIRST NAME _____ DAY PHONE _____ EVENING PHONE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 EMAIL _____ AGE _____ GENDER _____ BIRTHDATE _____

SHIRT SIZE (CIRCLE ONE) S M L XL 2XL 3XL

Assistant Coach Shirt (SELECT ONE): S M L XL 2XL 3XL

TEAM BOX SHIPPING/PICK-UP (SELECT ONE): Please SHIP Our Team Box (\$14) I Will PICK UP Our Team Box (No Charge)

Team Entry Fee: \$150

\$150 per team includes registration for up to 8 players, additional players may be added for \$20 each. All players receive a summer games t-shirt and swag bag

CHECKOUT

MAKE CHECK PAYABLE TO INDIANA SUMMER GAMES OR ENTER CREDIT CARD INFO BELOW.

ENTRY FEE: \$ _____

SURCHARGE: \$ _____

Per XXL \$1 or XXXL \$2

\$14 SHIPPING: \$ _____
Packet Shipping Optional

DONATION: \$ _____

Voluntary, tax deductible contribution

TOTAL: \$

TEAM NAME

RATE YOUR TEAM AS IT PERTAINS TO YOUR DIVISION (SELECT ONE)
 1 ABOVE AVERAGE 2 AVERAGE 3 BELOW AVERAGE

ROSTER & WAIVER ON REVERSE SIDE MUST BE SIGNED BY ALL PLAYERS (PARENT OR GUARDIAN MUST SIGN IF ENTRANT IS 18 OR YOUNGER)

CREDIT CARD INFO MasterCard VISA Discover American Express

Cardholder's Name (PLEASE _____) Card Number _____

(PRINT) Cardholder's Signature _____ Expiration Date _____ Security Code _____

(3 DIGIT CODE ON BACK OF CARD)



TEAM WAIVER & RELEASE OF LIABILITY

THIS DOCUMENT IS IMPORTANT, SHOULD BE READ IN ITS ENTIRETY AND SIGNED.

In consideration of being allowed to participate in any way in the INDIANA SUMMER GAMES athletics/sports program and related events and activities, the undersigned:

1. Agrees that prior to participation, he/she will inspect the facilities and equipment to be used, and if he/she believes anything is unsafe, will immediately advise his/her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledges and fully understands that he/she will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from his/her own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
3. Assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability or death.
4. Releases, waives, discharges and covenants not to sue the INDIANA SUMMER GAMES, INDIANA STATE UNIVERSITY, and any affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from the demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
5. Understands the following refund policy: There will be NO refunds of entry fees because of inclement weather or other acts of nature. The only exceptions to the no-refund policy are: *Entries received after the entry deadline *Entries received after the maximum number of teams are bracketed, or if there are not enough teams or individuals to form a division *Entries of non-qualified entrants *Entries of those prohibited from participating due to errors made by the Indiana Summer Games
*Special circumstances as determined on an individual basis by the Board of Directors and requiring board action. NO REFUNDS WILL BE PERMITTED SIMPLY BECAUSE AN ATHLETE FAILS TO PARTICIPATE.
6. Agrees to allow the Indiana Summer Games to photograph him/her during the Indiana Summer Games and related events and to display his/her image in promotion of the Indiana Summer Games, including social media outlets such as Facebook, Twitter, YouTube, Instagram, etc.
7. Pledges to adhere to the Indiana Summer Games standards of sportsmanship and respect opponents, coaches, officials and spectators at all times by not engaging in verbal or physical altercations at any time before, during or after competition.
8. Acknowledges that he/she is aware of the Concussion Awareness Law (LB 260) and understands that information is available at www.cdc.gov.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. THIS FORM WAIVES LIABILITY FOR NEGLIGENCE. THIS AGREEMENT CANNOT BE MODIFIED ORALLY.

Basketball

TEAM NAME _____

SPORT _____

COACH/TEAM REPRESENTATIVE NAME _____

SIGNATURE _____

(PARENT OR GUARDIAN MUST SIGN IF ENTRANT IS 18 OR YOUNGER)

DATE _____

ALL TEAM MEMBERS MUST SIGN. PARENT OR GUARDIAN MUST SIGN IF ENTRANT IS 18 OR YOUNGER TEAM ROSTER & WAIVER MUST BE COMPLETED IN FULL. PLEASE PRINT OR TYPE CLEARLY.

1 FIRST NAME _____ LAST NAME _____ SIGNATURE _____

CITY _____ STATE _____ ZIP _____ PHONE _____ BIRTHDATE _____ GENDER _____ SHIRT SIZE _____

2 FIRST NAME _____ LAST NAME _____ SIGNATURE _____

CITY _____ STATE _____ ZIP _____ PHONE _____ BIRTHDATE _____ GENDER _____ SHIRT SIZE _____

3 FIRST NAME _____ LAST NAME _____ SIGNATURE _____

CITY _____ STATE _____ ZIP _____ PHONE _____ BIRTHDATE _____ GENDER _____ SHIRT SIZE _____

4 FIRST NAME _____ LAST NAME _____ SIGNATURE _____

CITY _____ STATE _____ ZIP _____ PHONE _____ BIRTHDATE _____ GENDER _____ SHIRT SIZE _____

5 FIRST NAME _____ LAST NAME _____ SIGNATURE _____

CITY _____ STATE _____ ZIP _____ PHONE _____ BIRTHDATE _____ GENDER _____ SHIRT SIZE _____

6 FIRST NAME _____ LAST NAME _____ SIGNATURE _____
CITY _____ STATE _____ ZIP _____ PHONE _____ BIRTHDATE _____ GENDER _____ SHIRT SIZE _____

7 FIRST NAME _____ LAST NAME _____ SIGNATURE _____
CITY _____ STATE _____ ZIP _____ PHONE _____ BIRTHDATE _____ GENDER _____ SHIRT SIZE _____

8 FIRST NAME _____ LAST NAME _____ SIGNATURE _____
CITY _____ STATE _____ ZIP _____ PHONE _____ BIRTHDATE _____ GENDER _____ SHIRT SIZE _____

9 FIRST NAME _____ LAST NAME _____ SIGNATURE _____
CITY _____ STATE _____ ZIP _____ PHONE _____ BIRTHDATE _____ GENDER _____ SHIRT SIZE _____

10 FIRST NAME _____ LAST NAME _____ SIGNATURE _____
CITY _____ STATE _____ ZIP _____ PHONE _____ BIRTHDATE _____ GENDER _____ SHIRT SIZE _____

Basketball registration fee includes up to 10 players. Additional players can be added for \$20 each.

11 FIRST NAME _____ LAST NAME _____ SIGNATURE _____
CITY _____ STATE _____ ZIP _____ PHONE _____ BIRTHDATE _____ GENDER _____ SHIRT SIZE _____

12 FIRST NAME _____ LAST NAME _____ SIGNATURE _____
CITY _____ STATE _____ ZIP _____ PHONE _____ BIRTHDATE _____ GENDER _____ SHIRT SIZE _____

13 FIRST NAME _____ LAST NAME _____ SIGNATURE _____
CITY _____ STATE _____ ZIP _____ PHONE _____ BIRTHDATE _____ GENDER _____ SHIRT SIZE _____