

**HOOP MOUNTAIN MIDWEST 2010 SPRING SHOWCASE
REGISTRATION AND ROSTER INFORMATION**

This information is provided for college coaches and scouting services. Please fill out to the best of your ability. Do not exaggerate height, weight, etc.

Jersey Number _____ (leave blank) Showcase Team _____ (leave blank)

First Name _____ Last Name _____

Mom's First Name _____ Dad's First Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

E-Mail Address _____

Home Phone _____ Cell Phone _____

Age (as of 9-1-10) _____ Grade (as of 9-1-10) _____ Height _____ Weight _____

Name Of School (9-1-10) _____ School Enrollment (number of students) _____

Coach's Name _____ Coach's High School Phone # _____

High School Primary Position _____ PPG _____ RPG _____

SAT _____ PSAT _____ ACT _____ GPA _____ On A Scale Of _____

Please register by mail only. Payment may be made by check, money order, or credit card. Please print this registration form and enter the information requested. Enclose the form with your check, money order, or credit card information, for \$75 (5 or more: \$50 each) and mail to: Hoop Mountain Midwest, 109 Fairfield Way, Bloomingdale, IL 60108. If paying by credit card, provide the following information:

Card First/Last Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Credit Card Number _____ Expiration Date (mo/Yr) ____/____

Authorized Card Signature _____

Credit Card Information () VISA () MasterCard () Discover () Amr Express Amount Charged \$ _____

Please read. Signature by Parent or Legal Guardian is Required for Enrollment in Hoop Mountain Midwest Events. Please enroll my son in the Showcase Games event. He is in good health and is able to participate in the physical activity of a vigorous program. Hoop Mountain has my permission to use their best judgment in any emergency that may require medical attention. Any medical charge will be my responsibility. I release Hoop Mountain from any liability resulting from any and all injuries during participation at this Hoop Mountain event or while traveling to or returning from a Hoop Mountain event. I also give permission to Hoop Mountain to use any photographs, DVDs, or videotapes at no charge which may be taken of the participant during Hoop Mountain events for promotional purposes.

Health Insurance Company _____ Policy Number _____
(Health insurance is required to participate.)

Signature _____ Date _____
(Parent or Legal Guardian)