

2013 C.H.A.M.P.S. Unsigned Girls Showcase - Player Registration Form

When: May 25, 2013 8:30 AM – 11:30 AM Where: Kedron Fieldhouse 202 Kedron Dr. Peachtree City, GA 30269

****PLEASE FILL OUT COMPLETELY ****

Player Name: _____

Graduating Class (*Circle One*): **2013** (Senior) **2014** (Junior)

Height: _____ Weight: _____ Position: _____ Shirt Size (*Circle One*) S M L XL XXL

High School: _____

High School Coach: _____ Coach Email: _____

2012-13 Varsity Stats: Points Per Game: _____ Rebounds Per game: _____ Assists Per game: _____

Awards/Honors (ex: All-County, All-Tourney Team Selections, Team Awards, etc.)

Travel Team (if applicable): _____

Travel Team Coach: _____ Coach Email: _____

Player Address: _____ City: _____

State: _____ Zip: _____ Parent(s) Name: _____

Home Phone: _____ Cell Phone: _____

Email (Communication and confirmation primarily via email): _____

GPA: _____ ACT Score: _____ SAT Score (Reading + Math Only): _____

By signing this registration form, I/we, the Parent/legal guardian of the girl/child named below, do hereby give my/our approval for participation in the C.H.A.M.P.S. Inc. Showcase. I/we assume all risks and hazards incidental to such participation including transportation to and from showcase and I/we do hereby release, absolve, indemnify, and agree to hold harmless C.H.A.M.P.S. Inc., the facility, organizers, coaches, and staff supervisors for any claim arising out of any injury to my child. I/we hereby authorize and give full consent to C.H.A.M.P.S. Inc. to publish any and all photos and/or videos in which my child appears while participating in the C.H.A.M.P.S. Inc. Showcase. If I decide to cancel, I understand there will be no refunds issued within 2 weeks of the showcase. In case of a medical emergency, I authorize staff members of C.H.A.M.P.S. Inc., volunteers or any other responsible person delegated to take my child to any accredited hospital or emergency treatment center in case of injury sustained during the C.H.A.M.P.S. Inc. Showcase; in the event that I/we the Parent/Legal Guardian, not be present on showcase site at time injury was sustained.

Girl/Child's Name _____ Parent / Guardian's Name _____

Parent/Guardian Signature _____ Date _____

TO REGISTER MAIL FORM AND \$80 ENTRY FEE TO:

C.H.A.M.P.S. Inc.

2090 Dunwoody Club Dr

Suite 160-197

Atlanta, GA 30350

404-561-0803

E-mail: champs1@champs2.com

Make all checks and money orders payable to:

C.H.A.M.P.S. Inc

Registration Form online at: www.champs2.com (Unsigned Showcase Tab Top Home Page)

DEADLINE TO REGISTER: MAY 15, 2013