

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

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

**Player Name:** \_\_\_\_\_

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

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**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 in connection with 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](mailto:champs1@champs2.com)**

**Make all checks and money orders payable to:**  
**C.H.A.M.P.S. Inc**

**Register online at: [www.champs2.com](http://www.champs2.com)** (Unsigned Showcase Tab Top Home Page)