



Elite Basketball Shootouts- August 9

2020 College Exposure

Application-The Big 60

First Name _____ Last Name _____ Gender ____ Address _____

City _____

State _____ Zip code _____

Email address _____

Height _____ Weight _____ Graduation year (circle one) __ 2021 __ 2022 __ 2023 __ 2024 __ 2025

High School _____ city _____ state _____

Parent Consent and Medical Information

(Players cannot participate unless they have medical insurance).-Players cannot participate unless this section has been completed and signed by the parent or guardian. I understand that the Showcase and the host venue does not carry medical or accident insurance for the participants, and I hereby certify that my child is covered by personal insurance or is included in a policy which I have in place. I authorize routine medical care for my child by the Shootout trainer. I further authorize any treatment considered routine to be referred to a local physician or to an emergency room at my expense. I further authorize and provide my consent and permission for my child to participate in this event.

Insurance Company _____ Policy _____ Group # _____

Name of Policy Holder _____ Home Phone _____

Signature of parent/guardian _____ Cell phone _____

Payment choices Check one: : _____ check _____ money order _____ credit card

(For Pay Pal go to the main page and click on the BUY NOW button after typing in the PLAYERS NAME)

Send your check or money order with your application (you must print this application)

(Make your check or Money Order payable to: *Bill Gaffey*)

August 9-Event lasts from about 8:30 am to 4:00 pm

_____ **Boys: Early registration for Aug 9-\$131.00. Late registration after July 31, \$140.00**

_____ **Girls: Early registration for Aug 9- \$131.00. Late registration after July 31, \$140.00**

Mail to Bill Gaffey, 417 Bolton Drive, Harrisburg, PA17112 or scan, and email to wgaffey@pa.net