



The Top 75 Basketball Showcase

July 7th and 8th, 2010

High School Players June 7, 2010

Junior College Players June 8, 2010



Garfield Heights High School
4900 Turney Road, Garfield Heights, Ohio
44125
10am -2pm

Player Information Packet

Player Consent and Waiver Form

Medical Form

Player Profile Form

AllSports Academy of Greater Cleveland, Inc.
5311 Northfield Rd. #200 Bedford Hts. OH 44146
(216) 475-2700 & (216) 475-2703 office (216) 475-2717 fax e-mail: asa@allsportsacademyofgc.com
Website: www.allsportsacademyofgc.com



The Top 75 Basketball Showcase

PARTICIPANT'S NAME _____

DATES _____

PARENT CONSENT WAIVER AND RELEASE

In consideration of the Top 75 acceptance of _____ as a student in a Top 75 Basketball Camp for the period in the dates mentioned above, and in return for the opportunity to participate in this camp:

It is agreed that all the risks of the attendees to watching and/or participating in camp activities, including, but not limited to bodily injury, are assumed by the student and his parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said student and his parents and/or legal guardian as indicated by the signature hereto. Top 75 Basketball Camp will be financially responsible for insurance that will cover most injuries/accidents occurring during the camp, but only as secondary coverage after parent/guardian's insurance has paid.

I hereby certify that the above named student is physically able to participate in the Top 75 Basketball Camp and that I know of no physical impairments which would in any manner limit his/her participation in such a program.

I hereby grant permission for physicians, dentists, other licensed health care providers and their designees employed by Top 75 Basketball Camp to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary or to refer to licensed medical personnel when indicated.

In consideration for honoring my child's request to participate in the above activity, I, for myself, my executors, administrators, and assignees, do hereby release and forever discharge Top 75 Basketball Camp, and its Board of Directors, its respective entities, administrators, faculty members, employees, agents, and students from any claims that I might have myself or could bring on my child's behalf with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising out of my child's participation in this activity. I also hereby agree to save, hold harmless, and cover Top 75 Basketball Camp, and its Board of Directors, respective entities, administrators, faculty members, employees, agents, and students from any claims, including claims of negligence or failure to supervise, which my child might bring against them as a result of his or her participation in the above activity. I recognize that this Release means that I am giving up, among other things, rights to sue the Top 75 Basketball Camp, and its Board of Directors, respective entities, administrators, faculty members, employees, agents, and students for injuries, damages or losses that my child may incur.

Parent or Legal Guardian Signature

Date

AllSports Academy of Greater Cleveland, Inc.
5311 Northfield Rd. #200 Bedford Hts. OH 44146
(216) 475-2700 & (216) 475-2703 office (216) 475-2717 fax e-mail: asa@allsportsacademyofgc.com
Website: www.allsportsacademyofgc.com



The Top 75 Basketball Showcase

MEDICAL INFORMATION

MEDICAL Insurance Company _____
Address _____ City _____ State _____ Zip _____
Phone _____ Group# _____ I.D.# _____

Medical History (if pertinent):

Allergies, present medications, special considerations:

Parent/Guardian: _____
Address: _____ City: _____
State: _____ Zip: _____

EMERGENCY MEDICAL INFORMATION

_____ () _____ (HOME)
NAME AC PHONE

_____ () _____ (HOME)
NAME AC PHONE



The Top 75 Basketball Showcase

Player Profile form

Player's Full Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Height: _____ Weight: _____

Position: _____

Points per game: _____

Rebounds: _____

Assist: _____

Steals: _____

Blocks: _____

High School: _____

Head Coach: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

School Phone Number: _____

Coach's Phone Number: _____

High School Guidance Counselor: _____

Grade Point Average: _____

Class: Freshman ___ Sophomore ___ Junior ___ Senior ___

Junior College Player _____

1st year _____ 2nd year _____

Junior College School _____

Head Coach _____

AllSports Academy of Greater Cleveland, Inc.
5311 Northfield Rd. #200 Bedford Hts. OH 44146
(216) 475-2700 & (216) 475-2703 office (216) 475-2717 fax e-mail: asa@allsportsacademyofgc.com
Website: www.allsportsacademyofgc.com