

**KANSAS BASKETBALL COACHES ASSOCIATION
ALL STAR BASKETBALL GAMES
INFORMATION SHEET**

PLEASE FILL OUT AND RETURN Please print legibly:

To: Randy Walling, KBCA Program, 1416 Quivira Road, Washington, KS 66968

Player's Cell Phone:() _____

NAME: _____ HOME PHONE () _____

HOME ADDRESS:STREET _____ BOX NO. _____

CITY _____ ZIP CODE _____

NAME OF PARENTS OR GUARDIANS: _____

NAME OF HIGH SCHOOL: _____

NAME OF HEAD COACH: _____ HOME PHONE () _____

Players Email: _____

PERSONAL INFORMATION:

Height _____ Position _____

Average Points per Game _____ Average Assists per Game _____

Average Rebounds per Game _____

UNIFORM SIZE: Jersey _____ Shorts _____

Choice of Jersey No. 1st _____ 2nd _____ 3rd _____ 4th _____

COLLEGE PLANS: _____

PLEASE SEND A BILLFOLD SIZE PICTURE (HEAD SHOT IS BEST) TO BE USED IN THE PROGRAM

HAVING COMPLETED THIS QUESTIONNAIRE AND HAVING ENCLOSED A FIFTY DOLLAR (\$50) COMMITMENT FEE, I AGREE TO PARTICIPATE IN THE KBCA ALL STAR GAME ON THURSDY, AUGUST 5, 2009. I UNDERSTAND THAT THE FIFTY DOLLARS (\$50) CHECK WILL BE HELD AND RETURNED TO ME BY MAIL AFTER I HAVE PARTICIPATED IN THE ALL STAR GAME.

PLAYER SIGNATURE: _____

PARENTAL AUTHORIZATION:

We (or I) hereby authorize the Kansas Basketball Coaches Association, or its designee, to select hospital facilities and/or a physician of their choice and authorize treatment of the below named applicant on an emergency basis in the event treatment becomes necessary. We (or I) will be responsible for all medical bills incurred as a result of illness or accident while the below named applicant is taking part in the KBCA All Star Game and practices, except those bills covered by insurance. We (or I) hereby release the KBCA and its agents from all claims on account of injuries, illness, or disease which may be sustained by the below named applicant while attending the KBCA All Star Game, and we (or I) further agree to indemnify the KBCA and its agents for any claims which may hereafter be presented by the applicant as a result thereof.

Date _____ Signature of Applicant (player) _____

Date _____ Signature of Parent(s) _____

(Whenever possible, both parents/guardians must sign the release)

ATTENTION PLAYER: Please list on the sheet enclosed the names and addresses of six or more people or business places that we can contact for a sponsor ad in the All Star Program. Listing them does not necessary commit them, the KBCA will contact the sponsors. Please send full addresses of the sponsors so we will be able to contact them. The advertisers help to pay for the all-star program to be published.

ADVERTISERS FOR THE ALL STAR PROGRAM

<u>Advertiser Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Phone</u>
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**Be sure to give complete addresses so we may contact them to see if they are willing to place an ad in the All Star Game Program.
Thank you for your help.**