

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

PLEASE FILL OUT AND RETURN

**To: Randy Walling, KBCA Program, 1416 Quivira Road,
Washington, Ks. 66968**

NAME: _____ **HOME PH:(____)** _____

HOME ADDRESS: _____ **BOX NO.** _____

CITY _____ **ZIP CODE** _____

NAME OF PARENTS OR GUARDIANS: _____

NAME OF HIGH SCHOOL: _____

NAME OF HEAD COACH: _____ **HOME PHONE (____)** _____

Player's Email: _____

Player's Cell Number: _____

PERSONAL INFORMATION:

Height _____ Position _____

Average Points per Game _____ Average Assists per Game _____

Average Rebounds per Game _____

UNIFORM SIZE: Jersey _____ Shorts _____

COLLEGE INTENTIONS: _____

(Example: Basketball Scholarship - Washburn University)

****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 THURSDAY AUGUST 4, 2011. 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 emails of 12 family and friends, that the KBCA can contact to be a sponsor for the All Star Games. Twelve emails must be listed. (Emails must be accurate) - Please list the city and phone number of the sponsor as well. Please print

SPONSORS FOR THE ALL-STAR GAMES

Sponsor's Name	Email	City, State, Zip	Phone
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1.

2.

3.

4.

5.

6.

7.

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9.

10.

11.

12.

Thank you for your help.

**Randy Walling
Executive Director**