



Elite Basketball Shootouts-2021 College Exposure Application-

(please print clearly)

First Name _____ Last Name _____ Gender _____

Address _____ City _____

State _____ Zip code _____

Email address _____

Height _____ Weight _____ Graduation year (circle one) ___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 (To use our Pay Pal go to the website main page and click on the BUY NOW button to make your credit card payment)

Send your check or money order with your application (you must print this application)
(Make your check or Money Order payable to: *Bill Gaffey*)

_____ Boys: Early registration - \$131.00 before July 28 _____ Late \$140.00

_____ Girls: Early registration - \$131.00 before July 28 _____ Late \$140.00

Event lasts from about 8:30 am to 4:30 pm

Check your choice or choices: August 15 _____ October 31 _____

Mail to Bill Gaffey, 417 Bolton Drive, Harrisburg, PA 17112

- or scan, and email to wgaffey@pa.net

our website: www.pahoops.org

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