**THIS SHEET MUST BE EMAILED TO UPSTATE SCOUTING SERVICE BY OCTOBER 3RD FOR INCLUSION IN THE PROGRAM.**

**Send completed Word Document file to** [**upstatescoutingservice@gmail.com**](mailto:upstatescoutingservice@gmail.com)

**Registration for the event…**

**SELECT WITH PARENTHESES EX. (SELECTED EVENT)**

**Boys Event on October 6, 2013 OR Girls Event on October 20, 2013**

**T-SHIRT SIZE \_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_ Height: \_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Varsity Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Year’s Varsity Stats: PPG: \_\_\_\_\_\_\_\_ Rebounds per game: \_\_\_\_\_\_\_\_ Assists per game: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Info: GPA: \_\_\_\_\_\_\_\_ SAT: \_\_\_\_\_\_\_ ACT: \_\_\_\_\_\_\_\_\_**

**MEDICAL INFORMATION (PARTICIPANTS *MUST* HAVE MEDICAL INSURANCE)**

**Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Group #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IN CASE OF EMERGENCY:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UPON PAYMENT, it is understood that any player who does not abide by the rules set for by Upstate Scouting Service’s College Exposure Shoot-Out 2013 staff is subject to dismissal without reimbursement. I am also aware that participants in the event MUST have medical insurance.**

**In case of emergency, I will authorize the staff of Upstate Scouting Service’s College Exposure Shoot-Out 2013 to act in their best judgment in the event I cannot be reached. I will not hold the staff of the event or Upstate Scouting Service, or the event site liable for any injury or illness during the participation of Upstate Scouting Service’s College Exposure Shoot-Out 2013.**

**Parent or Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**