



2010 Shoxx Academy Basketball Player Registration Form

9000 Memphis
Lubbock, Texas 79424
806.771.GAME
806.771.4263
www.premierlubbock.com

Player Name: First _____ Middle: _____ Last _____
 Date of Birth _____ Current Grade _____ School Attending _____ Sex M or F
 Address _____ City _____ Zip _____ State _____
 Position (circle) 1 2 3 4 Team played for last year _____ Coach _____

Fathers Name _____ Phone _____
 Email** _____ ***This will be the preferred method of contact.*

Mothers Name _____ Phone _____
 Email** _____ ***This will be the preferred method of contact.*

How did you hear about us? Internet? _____ Individual? _____ Coach? _____ School? _____ Ad? _____

AMOUNT PAID \$ _____ Cash _____ Check # _____ CC _____ Date _____

*** \$125 Registration due with application (First month's payment and registration fee).*

Received by: (Premier or Shoxx Representative) _____

RISK OF WAIVER OF LIABILITY

As legal guardian of _____, I hereby consent to the aforementioned person in the Shoxx Basketball program tryouts, practices, or games, or Xtreme Speed training. I recognize that potentially severe injuries can occur in any activity that is associated with basketball. I understand that it is the express intent of the Shoxx Academy, to provide for the safety and protection of my child and, in consideration for allowing my child to play for Shoxx Academy. I hereby forever release Premier Sportsplex, Shoxx Academy, Xtreme Speed, employees, coaches and owners from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of any of the above mentioned. As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training, practicing, competing, or trying out for the Shoxx Academy program, and agree not to bring legal action against the Shoxx Academy or Premier Sportsplex, or any facility used by the Shoxx Academy its officers, employees, coaches and owners. In case of emergency, I authorize the Shoxx Academy to administer first aid to my child and/or take my child to a physician or hospital for further treatment. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent/Legal Guardian's Name _____

Signature _____ Date _____

Tryout Evaluation (NOT TO BE COMPLETED BY PARENTS OR PLAYERS)

Passing	1	2	3	Ball Handling	1	2	3	Shooting	1	2	3					
Quickness	1	2	3	Defense	1	2	3	Court Presence	1	2	3					
Potential Position	1	2	3	4	5	Overall Skill Level	1	2	3	4	5	6	7	8	9	10

Comments _____

Email questions or interested players to: shoxxbasketball@yahoo.com