



**BOO WILLIAMS "UNSIGNED H.S. SENIORS
& J.C. GIRLS BASKETBALL SHOWCASE"
SUNDAY - APRIL 22, 2012 - HAMPTON, VA**

****DEADLINE: APRIL 18, 2012****

Includes: a.) NCAA Certified/(2)- 40 minute Games b.) Mandatory NCAA Session, c.) T-Shirt d.) Information in College Coaches Recruiting Booklet
Contact: FUTUR, INC. - **Phone:** (410) 392-9788/6210 **Fax:** (410) 392-6210
E-mail: leavinitonthecourt@yahoo.com

Websites: www.futur-inc.org / www.boowilliamsball.com

Make \$55.00 Check/Money Order Payable to: BWSL

(Please do not send Cash)

Mail Payment/Form to: Futur, Inc- P.O. BOX 1368-Elkton, MD 21922

Or Fax Form to: 410-392-6210

***Refund Policy:** There will be no Refunds & a \$20.00 NSF fee for all returned checks.

Cut Here _____

Registration Form: Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ E-mail Address: _____

Yr. To Grad.: _____ Position: _____ Height: _____

H.S./J.C: Name: _____ City: _____ State: _____

H.S./J.C: Phone: _____ Coach to contact: _____

Coach Phone: _____ Coach E-mail Address: _____

GPA: _____ Major to Study: _____ SAT/ACT/: _____ Will Take Date: _____

Emergency Contact Person: _____ Phone: _____

Wavier & Release Agreement: I hereby authorize the staff of Boo Williams, Boo Williams Sportsplex & Futur, Inc. t/a Leavin it on the Court to act for me / my child according to his/her best judgments in any Emergency requiring medical attention. I hereby release & discharge of Boo Williams, Boo Williams Sportsplex & Futur, Inc. t/a Leavin it on the Court and affiliated entities and their officers, agents, and employees from and against any injury, recurrence of any undisclosed pre-existing injury or illness prior to the first day of the showcase, and all liabilities or causes of action arising out of or in connection with my/my child's participation in the showcase. Further, I/we hereby grant permission to the staff and trainers of Boo Williams, Boo Williams Sportsplex, any medical or surgical consultant deemed advisable and any hospital to render to the above named participant any medical surgical treatment that they deem necessary. **%%Parents or legal guardian must sign for any child 18 and under participating.**

Signature: _____ **Date:** _____