



IBS FALL SHOWCASE

7th Annual College Exposure Event

Sunday, October 3, 2010

Gold's Gym

1600 Clear Lake Avenue

Springfield, Illinois 62703

Camp Fee: \$60 per prospect

Contact: Jason Speaks, Director; 217-415-9696 or jspeaks@ibsrecruiting.com

NCAA Certified

The **IBS FALL SHOWCASE**, a 7th annual NCAA Certified college exposure event, will be held on Sunday, October 3, 2010 at Gold's Gym in Springfield, Illinois. The Camp is intended for high school prospects and teams that are looking to improve their recruitment interest and options at the collegiate level.

Coaches from the NCAA DI-DIII, NAIA DI-DII, USCAA and NJCAA DI-DIII levels have been invited. All participating prospects will be placed in the IBS Prospect Database, which is provided to coaches of all levels throughout the country.

Camp space is limited and registrations will be accepted on a first-come first-serve basis. **Prospects entering the Camp must mail a completed application, with payment and insurance waiver/parent authorization by September 16, 2010.** Refunds will only be given if the event is cancelled.

www.ibsrecruiting.com

IBS FALL SHOWCASE PROSPECT APPLICATION

Please complete and return the application through postal mail along with payment and insurance waiver. Registration deadline is September 16, 2010.

Name: _____ Height: _____ Weight: _____

Graduation Class: _____ Position: _____ Date of Birth: _____

G.P.A.: _____ Class Rank: _____ ACT: _____

School (City/State): _____

Coach (Name/Phone): _____

Intended College Major(s): _____

Honors/Awards: _____

Shirt Size (S, M, L, XL, XXL): _____

Statistics (Not Required): _____

Strengths: _____

Parent(s)/Guardian(s) Names: _____

Home Phone: _____

Home Address: _____

E-Mail Address: _____

Would You Like an Endurance Pack for the Showcase (Chocolate Power Bar, Banana, Powerade)? Yes _____ (Add \$5 to Registration) No _____

**IBS FALL SHOWCASE
WAIVER/ PARENT/GUARDIAN AUTHORIZATION**

****Form must be completed in order to participate in the event***

I, the parent/legal guardian of the named applicant, hereby authorize the event directors to procure, obtain and/or provide medical care or treatment, including the selection of a medical doctor, healthcare worker or facility if I cannot be reached for consent. I agree that I solely shall be responsible for any and all medical bills incurred as a result of illness, injury or accident while the below named applicant is participating in the **IBS Fall Showcase**. I hereby release the event directors/facility owners for all claims resulting from illness or injury sustained by the applicant while participating in the **IBS Fall Showcase at Gold's Gym**.

I agree and consent to the enforcement of event and site rules. I understand that should the below named applicant fail to abide by any rule or policy of the event or any law, the applicant will be dismissed from the event and shall not be entitled to any reimbursement or recourse. I also understand that refunds are only provided when the event is cancelled.

Date: _____

Applicant Name/ Signature: _____ / _____

Parent/Guardian Signature: _____

Emergency Contact Phone(s): _____

Mail the application with your check or money order and waiver/authorization to:

**ILLINOIS BASKETBALL SERVICES
Jason Speaks, Director
P.O. Box 20174
Springfield, Illinois 62708**

www.ibsrecruiting.com