



MINNESOTA SHOWCASE

COLLEGE EXPOSURE TOURNAMENT AT MSU-MANKATO

Hosted by Mr. Basketball, Inc. • MisterBasketball.com

MR. BASKETBALL MINNESOTA SHOWCASE
DOUG KOSTER, PRESIDENT
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Dear Coaches:

Enclosed you will find a Team Roster Sheet, Team Profile Sheet, Player Profile Sheet and Waiver & Release of Liability Forms.

- Please photocopy the Player Profile Sheet and Waiver & Release of Liability for each of your players. They should fill out the forms completely and return both forms to you.
- The PLAYER PROFILE SHEETS, TEAM PROFILE SHEET, and TEAM ROSTER SHEET must be returned to Doug Koster by SUNDAY, APRIL 15, at fax # 501-421-6490.
- We reserve the right to drop any team from the tournament who fails to submit completed profile sheets and rosters by the April 15 deadline.

Please make sure the forms have been filled out with an ink pen and not pencil, and make sure they are legible so that we don't have to guess on any spellings or numbers. They can also be postal mailed if you prefer. The Waiver & Release of Liability Forms should be turned in at team check-in when you arrive at the tournament.

The information on the Player Profile Sheets will be included in the Player Information Guides for the college coaches who will be scouting the tournament. Every player is required to complete a profile sheet in order to participate, it is not optional.

I cannot stress enough, **PLEASE TAKE NOTE OF AND RESPECT** my request for the forms to be returned by April 15. If you have any questions, please call me at 308-237-4012.

Sincerely,

Doug S. Koster

Mr. Basketball Minnesota Showcase

• TEAM PROFILE SHEET •

This information will be used for media releases and tournament program features. Please be accurate and complete. Print clearly!

What other regional/national tournaments will you play in this summer?

List the national tournaments and the place you finished in each that you played in last summer with this group.

List your top players and the colleges recruiting them.

Any other comments or information of interest.

Mr. Basketball Minnesota Showcase

• PLAYER PROFILE SHEET •

NOTE: This player profile sheet must be filled out completely and accurately by all participants. Please print clearly so it's readable by our staff. Use blue or black ink pen only; pencil and red ink won't fax clearly.

Summer Team _____

Date of Birth M/D/YR ____/____/____

Dark Uniform # _____ Light Uni # _____

Player Name _____

Address _____

City _____

State _____ ZIP _____

Player's Home Phone _____

Player's Cell _____

Mother's Name _____

Father's Name _____

High School _____

Coach _____

School Address _____

City _____ State _____ Zip _____

Coach's School Phone _____

Circle grade in 2012-2013: 12 11 10 9

Height _____

Weight _____

GPA _____ GPA Scale _____

ACT _____

Class Rank ____/____

Primary position you play (circle)

PG 2G Wing Forward Post

Secondary position you play (circle)

PG 2G Wing Forward Post

Level played during 2011-2012 (circle)

Varsity Jr. Varsity 9th Other

High School Stats (for level circled)

Points Per Game _____

Rebounds Per Game _____

Assists Per Game _____

2 PT FG % _____

3 PT FG % _____

FT % _____

Most points in a single game _____

School team's W/L record _____

How far in the state playoffs did your

team advance? _____

Awards or honors that player has received

(list): _____

2012 MR. BASKETBALL INC. EVENTS

• WAIVER & RELEASE OF LIABILITY •

DISCLAIMER: MR. BASKETBALL, INC., IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE MR. BASKETBALL INVITATIONAL, DAKOTA SHOWCASE OR MINNESOTA SHOWCASE FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF MR. BASKETBALL, INC., ITS AGENTS OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not-to-sue Mr. Basketball, Inc., and any of its employees or agents, from any and all present and future claims resulting from ordinary negligence on the part of Mr. Basketball, Inc., or others listed for property damage, personal injury, or wrongful death, arising as a result of my participating in the Mr. Basketball Invitational, Dakota Showcase or Minnesota Showcase. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that participation in basketball may involve injury of some type. The severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons or muscles, to catastrophic injuries to the head, neck, and spinal cord. On rare occasions, injuries can be so severe as to result in total disability, paralysis, or death.

I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of personal injury, property damage, or death. I further agree to indemnify and hold harmless Mr. Basketball, Inc., and others listed for any and all claims arising as a result of my participation in the Mr. Basketball Invitational, Dakota Showcase or Minnesota Showcase, or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Nebraska and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Nebraska. I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of Mr. Basketball, Inc., or any of the parties listed above.

By my signature hereunder, I warrant that I am in good physical condition, and am capable of full and active participation in the Mr. Basketball Invitational, Dakota Showcase and/or Minnesota Showcase.

I certify that the participant is covered by medical insurance and accept responsibility for payment of all medical and related services arising from participation in the Mr. Basketball Invitational, Dakota Showcase or Minnesota Showcase. In addition, I/We being the parents or legal guardians of the participant authorize Mr. Basketball, Inc., and its agents permission to request emergency medical treatment or care as necessary to insure the well being of our dependent.

Participant Name (Printed) _____

Signature of Participant _____ Date _____

Signature of Parent _____ Date _____