



APPLICATION

2010 NBDA Freshman All Star Tournament for Boys 8th and 9th grade
(All 8th and 9th graders are eligible — age requirement has been replaced by grade)

Applicant's Name _____

Address _____ City _____ Zip _____

E-mail address (must be provided to process application): _____

Phone (_____) _____ Parent's Name _____

Height _____ Date of Birth _____

Are there any medical conditions which could be aggravated by participation in this tournament?

School _____ High School You Plan to Attend _____

Are you planning on playing on a summer team? _____

Grade (2009-2010):

 8 9

Please return this application to your local participating coach who is listed at www.nbda.net or mail to Don Hogue, 1400 Fulton St., Falls City, Ne 68355.

The 2010 NBDA Freshman All Star Tournament will be held on May 28 - 31, 2010, at Lincoln High School and Lincoln Southeast High School in Lincoln, Nebraska.

A team participation fee will be charged at the rate of \$600 per team.

Each player who makes the local team will be responsible for his share of team costs (minimum of 10 players and maximum of 12 players). The fee includes a reversible jersey, player insurance, gym rental and pay for officials. The fee will be collected by the local area team coach.

Try-out practice times and places will be furnished at a later date by local area coaches.

LIABILITY STATEMENT

Pursuant to 25-21, 195 through 25-21, 199 Neb.Rev.Stat.Reissue of 1989, the following Liability Statement is hereby given to the above-named Participant, and his parent and/or guardian, to wit:

SPONSORS, COACHES, MANAGERS, UMPIRES, REFEREES, THEIR ASSISTANTS OR ANYONE WHO PREPARES ANY PLAYING FIELD SHALL NOT BE LIABLE FOR THE INJURY OR DEATH OF ANY PARTICIPANT OR APPLICANT IN THE NEBRASKA BASKET-BALL DEVELOPMENT ASSOCIATION BISON. 2010 NBDA FRESHMAN TOURNAMENT AS DESCRIBED BELOW, OR IN ANY PROGRAM DESCRIPTION ACCOMPANYING THIS APPLICATION, WHICH RESULTS FROM THE NEGLIGENCE OF ANY PERSON OR ENTITY DESCRIBED OR IDENTIFIED WITHIN.

PARENT RELEASE/INDEMNITY AGREEMENT & MEDICAL AUTHORIZATION TO: NEBRASKA BASKETBALL DEVELOPMENT ASSOCIATION & BISON

We (or I), hereby certify that we (or I) are the parents/guardians of the above-named Participant, and as such hereby request that you accept the application of the above-named Participant in the Nebraska Basketball Development Association.Freshman 2010 Basketball Tournament (the "Tournament"), and in consideration of your acceptance of this Application, we (or I) (whether one or more) hereby release the Nebraska Basketball Development Association, Inc. (NBDA Inc. and Bison, Inc. all of which are Nebraska corporations) and all other tournament sponsors, and all officers, employees, coaches, and agents of the NBDA and Bison, Inc. from any and all claims for which I or we or the Participant might have, or in the future might claim to have for injuries or damages of any kind or nature, whether known or unknown, arising from or in any way connected with the Participant's involvement or participation in the Tournament or any other activity sponsored by the NBDA, Inc. and Bison, Inc. and their respective officers, employees, coaches, and agents for any claim which may hereafter be presented by the Participant as a result of any such injuries.

We (or I) hereby further give our (my) permission for, to-wit (A) the Participant to ride to Tournament activities with any coach, person or other entity described herein, and (B) in our (my) absence, any persons or other entity described herein to consent to any necessary emergency X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care, in the event of any injury to the Participant while participating in or traveling to any Tournament activity. We (or I) hereby further certify, warrant and represent to the NBDA, Inc. and Bison, Inc. that

_____, a physician duly licensed to practice medicine in the State of Nebraska, last examined the Participant on _____ and found that the participant was and is able to participate in any and all type of basketball activities without restriction of any kind or type.

Date _____ Signed (Participant) _____

Date _____ Signed (Parent) _____

THIS APPLICATION MUST BE RECEIVED NO LATER THAN MIDNIGHT, **MARCH 22, 2010**.
NO PLAYER WILL BE PERMITTED TO TRY OUT WITHOUT SUBMITTING A COMPLETED
APPLICATION BY THE DATE SPECIFIED ABOVE.
NO LATE APPLICATIONS WILL BE ACCEPTED.

