

# Elite Sports USA

PO Box 828  
North Liberty, IA 52317



# TALENT SHOWCASE

Iowa City West High School  
April 3, 2010

**Great competition and exposure to college coaches!**  
**Have your athletic performance measured by Athletic Republic**  
**Everyone plays equal minutes**  
**Slam Dunk and 3-pt shootout**  
**Top performers listed in scouting service**

## PLAYER INFORMATION

Name \_\_\_\_\_ Grade (current school year) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

*Please provide an active email account as this will be the source of communication in regard to the event:*

EMAIL: \_\_\_\_\_

## PROSPECT DATA

School Name \_\_\_\_\_ Coach Name \_\_\_\_\_

Coaches Phone \_\_\_\_\_ Player Height \_\_\_\_\_ Position \_\_\_\_\_

Academics: GPA \_\_\_\_\_ ACT Score \_\_\_\_\_

Season Statistics: \_\_\_\_\_ Points per game \_\_\_\_\_ Assists per game \_\_\_\_\_ Rebounds per game

Awards/Honors/Additional Information \_\_\_\_\_

Summer Team \_\_\_\_\_ Coach Name \_\_\_\_\_

Coaches phone \_\_\_\_\_

## WAIVER/RELEASE

In consideration for accepting your registration into our event, you the undersigned, for yourself and your child for whom you have registered to participate, release and forever discharge Elite Sports USA, and said organizations agents, representatives, volunteers, and other sponsors of the tournament from all rights, claims, demands, and actions of any and every nature whatsoever that each of us may have for any and all loss, damage, or injury sustained by you and/or the child for whom you have registered while in attendance or before, during and after participation in the tournament. I also understand that my child has their own health insurance should the need arise and that Elite Sports will not be responsible for any medical related expense due to injury or illness while participating in the event.

PLAYER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PAYMENT

Showcase entries will not be accepted unless accompanied by full payment of \$75. **Deadline to register is March 31st.** Please make checks or money order payable to "Elite Sports" and send to following address:

**Elite Sports USA**  
**PO Box 828**  
**North Liberty, IA 52317**

Questions??? Contact: Jamie Johnson at [jamie@elitesportsusa.com](mailto:jamie@elitesportsusa.com) or 319-321-5607