



TALLAHASSEE COMETS

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Rising Stars Evaluation & Exposure Camp

Bethel Family Life Center

September 8th, 2012

Rising Stars Registration Form

PLEASE PRINT CLEARLY!

Player Name:

Age:

DOB:

Grade:

Address:

City, State & Zip:

E-Mail:

Player Cell:

Home:

Height:

Weight:

Position:

T-Shirt Size:

Year of Graduation:

High School:

GPA:

ACT:

SAT:

High School Address:

Player's Statistics (Average Per Game)

Points -

% -

Rebounds -

Assists -

Steals -

Blocks -

AAU Coach's Name:

E-Mail:

Phone #:

High School Coach's Name:

E-Mail:

Phone #:

I hereby authorize camp directors or any responsible persons delegated to take my child to the nearest hospital or any other accredited medical establishment for emergency treatment in case of injury during practice and/or games if the parents are not available. I will assume any and all financial responsibility. Any physical problems we should know about your daughter or son? YES NO If yes, please explain _____

Insurance Company & Policy # _____

Printed Name & Signature of Parent or Guardian _____

Date _____

Cost is only \$40.00 & Registration Deadline is August 25th, 2012!

Players register early to ensure your profile data is included in Coaches Recruiters Guide!

Method of Payment: All tournament registration fees must be made on-line at the Tallahassee Comets website, www.cometsget.net. All major credit cards (MC/Visa/Amex/Discover) are acceptable forms of payment.