



## **Boo Williams Summer League Invitational**

**July 6-8, 2011**

**Age Groups: 14U- 17U**

**Hampton, VA**

**\$350**

**The Boo Williams Summer League is looking for the top AAU teams to come and play in a NCAA Live Event at the Boo Williams Sportsplex. Come showcase your skills in 3 guaranteed games against elite teams from all over the country.**

- This event is sanctioned by the Amateur Athletic Union of the U.S., Inc.
- All participants must have current AAU membership.
- AAU membership may not be included as part of any entry fee to the event.
- AAU membership must be obtained before the competition begins. Participants are encouraged to visit the AAU web site [www.aausports.org](http://www.aausports.org) to obtain their membership.

### NOTES

1. **NO REFUNDS**
2. Registration without payment will not be accepted
3. Make checks payable to: **BWSL**.
4. Mail to: **Boo Williams Team Camp**  
26 West Taylor Ave  
Hampton, VA 23663
5. Questions? Matthew White  
757-825-0253  
[BooAAU@gmail.com](mailto:BooAAU@gmail.com)



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**Team Name:** \_\_\_\_\_ **Age Group:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

**Alternate Contact:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name and City of Hotel:** \_\_\_\_\_



Waiver and Release:

In consideration of my application being accepted, I intending to be legally bound, do hereby, my heirs, executors, and administration, waive, release, and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against Boo Williams Sportsplex L.L.C., Boo Williams Camp or Boo Williams Summer League, respective employees, officers, agents, representatives, successors, and/or assigns, for any and all damages which may be sustained or suffered by me in connection with my association with or participation in, or rising out of my traveling to and returning while participating at the Boo Williams Sportsplex.

I hereby authorize the directors of the BWSL act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release said organization. I know of no mental or physical problems that might affect the below player's ability to safely participate in this camp. I will be responsible for any medical or other charges in connection with attendance in camp. I have read the rules and regulations of the camp and both the camper and I agree to abide by them

Assumption of Risk:

1. I recognize the danger and risks to which I/my child/children are exposed to while participating in basketball, including, but not limited to, the risk posed by undercutting my opposition or being undercut by my opponents. I also recognize the dangers inherent to contact with another player and with hard surfaces. Potential injuries include, but are not limited to, musculoskeletal injuries, head injuries, disfigurements, loss of vision, temporary or permanent loss of limb function, paralysis, and death.

2. I/We acknowledged that we have read the BWSL, Waiver and Release, and Assumption of Responsibility/Risk Statement and agree to all the terms and conditions listed in the information package.

Player's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_