

**2006
FULLCOURT PRESS
SAN DIEGO SPRING SHOWCASE
Presented by Pangos**

**Sunday April 9, 2006
San Diego City College (San Diego CA)**

INVITATION-ONLY EVENT

Participation Fee: \$50.00

Limited to 100 top San Diego HS underclass players

San Diego's #1 spring exposure event provides all participating players an opportunity to demonstrate their skills to all the NCAA Division II, III, NAIA and JUCO coaches, scouts and media expected to attend.

**** Play Top San Diego Competition****

****Get Evaluated by the West Coast's and the Nation's Top Scouts
Like Dinos Trigonis (Fullcourt Press & Hoop Scoop) and
Gerry Freitas (Hoop Review)**

****Each Player Plays in One (1) Showcase Game**

**** Each Game Videotaped by C-Sportsonline.net**

****All Players Included in Special Fullcourt Press Report**

**** Everyone Receives Fullcourt Press SD Showcase Uniform Top**

3:00pm Top 20 Freshman Game
4:00pm Top 40 Sophomore Game ** 5:00pm Top 20 Sophomore Game
6:00pm Top 40 Junior Game ** 7:00pm Top 20 Junior Game

**TO ACCEPT THIS INVITATION
FILL-OUT FORM and MAIL IT TO THE ADDRESS ON FORM
OR CALL (619) 758-5356 FOR MORE INFORMATION
BECAUSE SPACE IS LIMITED**

www.fullctpress.net

2006 Fullcourt Press SD Spring Showcase

**PLAYER INFORMATION FORM
(please print)**

Name _____ School _____

Home Address _____

City _____ Zip Code _____

Phone () _____ e-mail _____

Grade 2005-06 _____ Height _____ Weight _____

Parent/Guardian _____

Please Mail \$50.00 Check (Make Checks Payable to "Fullcourt Press") and Completed Form to:
Fullcourt Press, 3122 Theresa Street #1, Long Beach CA 90814

HEALTH AND BEHAVIOR GUIDELINES AND WAIVER OF LIABILITY

HEALTH INSURANCE CO. _____

Policy No. _____ Group No. _____

I understand that any Fullcourt Press San Diego Spring Showcase (FPSDSS) participant who does not abide by the rules, regulations and policies established by the (FPSDSS) is subject to dismissal without reimbursement or recourse and I hereby waive and release the FPSDSS and San Diego City College (SDCC) from any and all liability for any injury or illnesses while participating in the camp. I hereby authorize the directors of the FPSDSS and SSCC to act according to their best judgment in any emergency if I cannot be contacted. I understand that each camp participant is required to have their own medical and accident insurance. I also understand that the FPSDSS retains the rights to use for publicity and advertisements purposes, photographs of camp participants.

SIGNATURE OF PARENT OR GUARDIAN

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