



**LIBERTY  
HEIGHTS**  
ATHLETIC INSTITUTE

**Application**  
2016-2017



*Welcome to Liberty Heights Basketball Program!*

We are glad you have decided to join us for a great and rewarding basketball season. Our coaching staff is ready to take you to the next level. Basketball is not just a sport, but can be used as a tool to demonstrate sportsmanship, values, and leadership. It is our mission to develop an academic, competitive, and high energy basketball team that is capable of competing against nationally ranked teams, excel academically, and obtain athletic scholarships. Please read the application carefully and thoroughly and if you have any comments or questions about the information or the program itself, please contact:

**Michael Wright**  
Founder and Head Coach  
Liberty Heights Athletic Institute  
(704) 222-0298  
[coachwright@libertyheightshoops.com](mailto:coachwright@libertyheightshoops.com)





## CHECKLIST

- ✓ 2015-2016 Application
- ✓ U.S. Birth Certificate or Copy of Passport or Resident Alien Card
- ✓ Medical Records (must include updated shot records)
- ✓ Official School Transcript, including most recent grade report.
- ✓ Applicants to high school (grades 9-12) must submit all secondary school records.
- ✓ SAT/ACT Test Scores (if applicable)
- ✓ TOEFL Test Scores (if applicable)

## APPLICATION DEADLINES

We enroll a limited number of student-athletes annually from a pool of qualified applicants, so we encourage all interested student-athletes to submit an application as early as possible. All application materials must be received by the below deadlines dates, before receiving a decision notification.

*Regular Decision Applications* are as follows: May 15, 2016-June 15, 2016  
Completed applications received after June 15, 2016 will be reviewed on a weekly basis depending on space availability.



**GENERAL INFORMATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
                                    **First**                                    **Middle**                                    **Last**

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

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred method of contact: \_\_\_ Letter \_\_\_ Phone \_\_\_ E-mail

Current School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**PERSONAL INFORMATION**

Birthdate :(mm/dd/yy) \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

---

**OFFICE USE ONLY:**

- |   |                                       |                                       |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> MISSING DOCUMENTS      | <input type="checkbox"/> 1st REMINDER | <input type="checkbox"/> 2nd REMINDER |
| <input type="checkbox"/> ALL DOCUMENTS RECEIVED | <input type="checkbox"/> APPROVED     | <input type="checkbox"/> GAVE DATES   |

**NOTES:**

---

---

---

---

---

---



## PARENT'S/INSURANCE INFORMATION

Insurance Company's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Insured's Name: \_\_\_\_\_ City: \_\_\_\_\_

Insured's DOB: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Group #: \_\_\_\_\_ Fax: \_\_\_\_\_

### IF YOU'RE UNDER THE AGE OF 18, PLEASE COMPLETE THE FOLLOWING:

Father's Name(Guardian): \_\_\_\_\_

Address (if different than yours):

Street: \_\_\_\_\_ Apt#: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother's Name(Guardian): \_\_\_\_\_

Address (if different than yours):

Street: \_\_\_\_\_ Apt#: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_



## RELEASE AND WAIVER OF LIABILITY

In consideration of participation in the Liberty Heights Athletic Institute, the undersigned, for himself any minors subject to his or her custody, supervision or control, his or her personal representatives, heirs and next of kin:

1. HEREBY RELEASES, WAIVES, DISCHARGES, AND AGREES not to sue or bring any sort of legal claim or other action for damages against Liberty Heights Athletic Institute, it's agents and employees (the "Releases"), regarding the Institute or any incidents relating to the Institute, FROM ALL LIABILITY TO THE UNDERSIGNED, his or her passengers, personal representatives, assigns, heirs and next of kin, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH ARISING OUT OF OR RELATED TO THE ACADEMY, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
2. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releases and each of them FROM ANY LOSS, LIABILITY, DAMAGE OR COST, INCLUDING REASONABLE ATTORNEY FEES, he or she, or any other passenger or user of the Institute, has caused or incurred arising out of or related to the Institute, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the Institute, whether caused by the NEGLIGENCE OF RELEASEES or otherwise.
4. HEREBY acknowledges that the risk of injury from participation in sporting events and other strenuous physical activity, including Training, is significant including the potential for permanent paralysis, other serious injury, and/or death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS of participation in Training, including, without limitation, risk arising from or relating in any way to the condition of the facilities, equipment, fields, and surrounding premises, the actions of persons other than myself, my own actions, and travel to and from the Training. I UNDERSTAND THAT THE RELEASED PARTIES MAKE NO WARRANTIES and shall in no event be responsible or liable for the defective or dangerous condition of the facilities, equipment, fields, and surrounding premises, except to the extent such condition(s) result(s) solely from the gross negligence or intentional acts of a Released Party.
5. I WARRANT AND UNDERSTAND that it is my sole and personal responsibility to obtain insurance to compensate for any and all injuries which might arise from my participation in the Institute, and furthermore agree to look solely to such insurance to cover losses resulting from any injuries, regardless of fault, and waive all rights of subrogation on behalf of any and all Released Parties which may now or ever exist as a result of such insurance. HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUSTANTIAL RIGHTS BY SIGNING IT, UNDERSTAND IT IS A VALID AND LEGALLY BINDING AGREEMENT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSUREANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

\_\_\_\_\_  
**Print Name (Minor)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian – Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**





## CONCUSSION ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print) \_\_\_\_\_

Sport Participating in: Basketball Date: \_\_\_\_\_

Due to the new law "Student Athletes: Concussions and Head Injuries" (IC 20-34-7), schools are now required to distribute information sheets to inform and educate student athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. The law requires that each year, before beginning practice for an interscholastic or intramural sport, a high school student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach. The law further states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

Parent - please read the attached Concussion Awareness information above and ensure that your child has also received and read Concussion Awareness information above. After reading these fact sheets, please sign below and ensure that your child also signs the form. Once signed, have your student athlete return this form to his/her coach.

---

I am a student athlete participating in the above mentioned sport. I have received and read the Concussion Awareness information. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

\_\_\_\_\_  
(Signature of Student Athlete)

\_\_\_\_\_  
(Date)

I, as the parent or legal guardian of the above named student, have received and read the Parent Information Fact Sheet. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)