



Registration is now open for the 2020 High School Basketball All-American Showcases, the nation's premiere basketball exposure events! Don't miss your chance to work with college coaches and to get your name out to schools and recruiting services nationwide. Over 1,850 Showcase Alumni have received basketball scholarships, and over 150 of these have also gone on to play professional basketball. Are you ready to follow in their footsteps?

GAME PLAY

All players will play in at least 3 games. Every player will play at least half of each game. College coaches will be invited to watch.

SKILL DEVELOPMENT

Every player will participate in a skill session led by college or professional coaches

EXPOSURE

Every player will be evaluated, and these evaluations get sent to coaches nationwide. All games are filmed. College and professional coaches will be able to view every game. Players have the option to get game film and / or mixtapes.

For more information (including venue & times) or to register online please visit **www.hsallamerican.com**

Showcase cost is \$135.00. There is a \$25.00 late registration fee for any player who isn't registered and paid at least 10 days prior to the event. Showcases are open to players 13-19 years old. If you are older or younger and would like to attend, please contact our office. Registration is also available online on our website. Make sure to check our website for specific starting and ending times, as well as addresses and directions to each venue. A confirmation email will be sent to you after we receive your payment and registration form.

DO NOT MAIL AN APPLICATION LESS THAN 10 DAYS BEFORE EVENT, REGISTER ONLINE!

Make checks payable to: **The High School Basketball All-American Showcase**

Please mail application with \$135.00 check or money order to:

The High School Basketball All-American Showcase
2637 E Atlantic Blvd #33940, Pompano Beach, FL 33062

QUESTIONS? PLEASE CALL (954) 280-8249 OR EMAIL US AT TECHTEAM@HSALLAMERICAN.COM

SHOWCASE APPLICATION – PLEASE PRINT CLEARY & MAIL WITH CHECK OR MONEY ORDER

Showcase or Showcases Attending (List City): _____

Participant Name _____ Email _____

Street _____ City _____ St _____ Zip _____

Home Phone _____ Camper's Cell Phone _____ Referred By _____

School _____ HS Graduation Year _____ Height _____ Weight _____ Position _____ GPA _____ SAT/ACT _____

HS Coach _____ Phone _____ Email _____

AAU Coach _____ Phone _____ Email _____

Health Insurance Company _____ Group # _____ Policy # _____

All payments are non-refundable. I hereby authorize the staff of the High School Basketball All-American Showcase to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the staff from any and all liability for injuries or illness incurred while at the event. I have no knowledge of any physical impairment that would be affected by the above named player's participation in the event as outlined. I have read and understand the terms and conditions outlined in this application.

Parent/Guardian Signature _____ Parent Email _____