

**Cowley Tiger Men's Basketball Open Showcase**  
**April 16<sup>th</sup> 10am-3pm**  
**Registration and Medical Release Form**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street & Number) (City) (State) (Zip)

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

High School or Transferring College \_\_\_\_\_

Graduation Yr. \_\_\_\_\_ Current G.P.A. \_\_\_\_\_ ACT Score \_\_\_\_\_

High School Coach \_\_\_\_\_ Coach's Phone \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Position \_\_\_\_\_

**Medical Release Form**

"I, \_\_\_\_\_, am in good health and have no physical disability or problem of any kind which would restrict me in any way from participation in the basketball tryout and release Cowley Community College and all its employees from any claim or action, because of any preexisting disability. I also recognize that no special accident insurance is provided and that Cowley Community College is not liable for any injuries sustained from or resulting hereafter from participation in the basketball tryout organized by staff of Cowley Community College. I authorize the directors and health care professional present at the basketball clinic to act according to their best judgment in any emergency requiring medical attention."

**Please complete this form and mail \$30 registration fee to the address listed below by April 11th! Walk-ups day of \$40**

**10-12 skill work**

**12-1:30 eat (lunch provided) /admissions tour**

**1:30-3 divide up and scrimmage**

**Bring attire fit for playing basketball and a change of clothes**

**Attn: Men's Basketball**

Cowley College

125 South Second

Arkansas City, KS 67005

**Cash or make Checks payable to: Cowley Tiger Men's Basketball**

