

# The 8<sup>th</sup> Annual Albert Thomas Memorial Basketball Games

## Player Package

Hosted By:

ASPIRING  
**ARTISTS**



November 2, 2009

Dear Participants:

The 8<sup>th</sup> Annual Albert Eugene Thomas Memorial Basketball Games will be held Sunday, April 11, 2010 at 4:00PM at G.W. Carver High School Gymnasium. This event is an effort to promote awareness about Sickle Cell Trait/Sickle Cell Disease and HIV/AIDS to raise funds for the Albert Eugene Thomas Scholarship Funds, Sickle Cell Foundation of Greater Montgomery, Inc. and Montgomery AIDS Outreach, Inc.

Sickle cell disease is an inherited blood disorder that affects red blood cells. People with sickle cell disease have red blood cells that contain mostly hemoglobin S, an abnormal type of hemoglobin. Sometimes these red blood cells become sickle-shaped and have difficulty passing through small blood vessels. When sickle-shaped cells block small blood vessels, less blood can reach that part of the body. Tissue that does not receive a normal blood flow eventually becomes damaged. This is what causes the complications of sickle cell disease. There is currently no universal cure for sickle disease.

HIV is a virus that attacks the immune systems, the body's natural defense system. Without a strong immune system, the body has trouble fighting off disease. Both the virus and the infection it causes are called HIV. White blood cells are an important part of the immune system. HIV invades and destroys certain white blood cells that prevents the body from defending itself against infection. The last stage of HIV infections is AIDS. Those with AIDS get infections or cancers that rarely occur in healthy people and can be deadly. It takes a long time for HIV to progress to AIDS but with treatment, people with HIV are able to live long and active lives

This year we are asking each Fraternity organization to participate for the 8<sup>th</sup> Annual Albert Thomas Memorial Basketball Game. There are twelve (12) slots available for each team. We are asking for \$50.00 donation per player. Participants will receive a jersey commemorating their participation in Albert Thomas Memorial Basketball Games. We are asking that funds for uniform, player invite list (limited to 2 people per player), and rosters submitted by March 24, 2010. All participants interested in playing in the memorial basketball game should contact **NAME HERE** for more information at (XXX) XXX-XXXX or [XXXXXX@XXXX.COM](mailto:XXXXXX@XXXX.COM). We are encouraging you to support this great cause.

**The player package deadline is March 24, 2010.**

# Rules

1. Brackets tournament will be announced the week of the game.
2. The first (2) games will be 2 halves. Each half is 10 minutes.
3. The Championship game will consist of 4 quarters. Each quarter is 6 minutes.
4. The bottom two minutes of each quarter of every game is to Money Ball.
5. The Money Ball doubles the score on all shots taken during the 2 minutes mark of each game.
6. Each team should have 10- 12 players.
7. Players without “official” jersey cannot participate.
8. Each player **must** sign a player participation form.
9. Follow Procedures and Safety Precautions

## **PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK**

I, \_\_\_\_\_, of \_\_\_\_\_ (TEAM NAME), am a participant in **Albert Thomas Memorial Charity Basketball** and hereby acknowledge that this program may involve a variety of activities which may be both physical and mental in nature. These activities are designed to be within the limits of a person who is in reasonably good health. The level of participation in all programs and activities is at all times completely up to the individual. Safety is a high priority in all programs. In addition, each participant must assume the risk that he or she may suffer an emotional or physical injury and disability.

### **Liability Coverage:**

The Albert Thomas Memorial Basketball Promoters is not furnishing and is not responsible for and assumes no liability in connection with participation in this activity. The Albert Thomas Memorial Basketball Promoters is not furnishing and is not responsible for and assumes no liability of guarantee or assurance of safety of participants and/or elimination of all risks from the environment. Albert Thomas Memorial Basketball Promoters is not furnishing and is not responsible for and assumes no liability for the safety of personal property during participation in the program. The Albert Thomas Memorial Basketball Promoters is not furnishing and is not responsible for and assumes no liability for monitoring and/or control of all the daily personal decisions, choices, and activities of the individual participants. The Albert Thomas Memorial Basketball Promoters is not furnishing and is not responsible for and assumes no liability for assumption of responsibility for the actions of persons who are not volunteers of the Albert Thomas Memorial Basketball Promoters or otherwise engaged by the Albert Thomas Memorial Basketball Promoters, for events that are not part of the program, or that are beyond the control of the Albert Thomas Memorial Basketball Promoters and its subcontractors. I voluntarily and without reservation and on behalf of myself, my heirs, and my estate, hereby indemnify, defend and hold harmless the Albert Thomas Memorial Basketball Promoters, to include but not limited to, Aspiring Artists, S.H.E. Agency, and I-85 Creative Group, and their successors in Office, their officers, and employees from any and all liability, loss damages, costs, or expenses which are sustained, incurred, or required arising out of my actions in the course of the above program/activity.

### **Reimbursement of Medical Expenses:**

I recognize and acknowledge there is no volunteer accident coverage nor is there any medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury I sustain as a result of performing my services. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from Aspiring Artists, S.H.E. Agency, and I-85 Creative Group, or their insurer, for any medical expenses.

### **Informed Consent to Medical Treatment:**

In the event of an injury, I hereby Aspiring Artists, S.H.E. Agency, and I-85 Creative Group full authority to take whatever action they feel is warranted under the circumstances regarding my health and safety, if I am not in a condition to give informed consent including but not limited to the application of emergency medical procedures, the admittance to a hospital, or the care of a medical professional at my expense.

### **Safety:**

Further, I agree to follow all procedures and safety precautions set forth by Aspiring Artists, S.H.E. Agency, and I-85 Creative Group.

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**I freely execute this Acknowledgement with full knowledge of its content.**      Date \_\_\_\_\_

# Player Application

Return this form to Jamar Muhammad to become a participant. Please make checks or money order payment payable to: Aspiring Artists

**Please return to:**

Albert Thomas Memorial Basketball  
c/o Player Package  
P.O. Box 240933  
Montgomery, Alabama 36124

**ORGANIZATION** \_\_\_\_\_

**PLAYERS NAME** \_\_\_\_\_

- |          |           |
|----------|-----------|
| 1. _____ | 7. _____  |
| 2. _____ | 8. _____  |
| 3. _____ | 9. _____  |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

**POINT OF CONTACT** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_ **FAX NUMBER** \_\_\_\_\_

**PAYMENT TYPE** \_\_\_\_\_

**AMOUNT PAID** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

# Player Application (CONT...)

NAME	SHIRT SIZE	SHORT SIZE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

Send **PLAYER INVITES** list to [Traci@SHEagency.com](mailto:Traci@SHEagency.com)

