



USA BASKETBALL
ATHLETE CONSIDERATION FORM
(Please print or type)



United States Citizen? Yes ___ No ___ *(if you answered NO, you are **NOT eligible** to play for USA Basketball)*

Sex: M ___ F ___

Legal Name: _____
(first) (middle) (last)

Mailing Address: _____
(street) (city/state) (zip code)

Home Phone number: _____ Cell Phone Number: _____

Email Address: _____ Parent/Guardian Email Address: _____

Date of Birth: _____ Year of Graduation: _____

Height: _____ Weight: _____ Primary Position: _____ Secondary Position: _____

Current School : _____ Coach: _____
(include city & state)

Coach's Phone: _____ Fax: _____ Email: _____

School Attending Next Year: _____
(if different from current school)

Summer Team: _____ Coach: _____

High School Stats: PPG _____ RPG _____ APG _____ SPG _____

Summer Team Stats: PPG _____ RPG _____ APG _____ SPG _____

Awards/Accomplishments: _____

*I certify that I am a US citizen and will participate, if selected, to compete on a USA BASKETBALL team. As a candidate for participation, I agree to adhere to the policies and procedures established by USA BASKETBALL and respective coaching staffs. I agree to wear the equipment (including athletic shoes) provided by USA BASKETBALL. Also, I understand that as a participant in this program, I am subject to drug testing and acknowledge that testing may be done during the course of training camp and/or competition. Player participation on a USA Basketball team is by **invitation only**, but all interested players are encouraged to complete this form for consideration.*

Athlete Signature: _____ Date: _____

For a list of upcoming competitions and eligibility requirements, visit:
www.USAB.com
 This form should be returned to USA Basketball via fax, mail, or email to:
 Attn: Eliot Mar (emar@usab.com) for women's national teams
 Attn: Kyle Pilipovich (kpilipovich@usab.com) for men's national teams
 27 S Tejon St.
 Suite 100
 Colorado Springs, CO 80903
 Fax: 719 – 590 – 4811