

The ALABAMA BASKETBALL ACADEMY'S Holiday Hoops Basketball Camp
December 30 & 31, 2013 Director: *Coach Scott Stapler*

First Name: _____ Last Name: _____

Address _____ School/Team _____

City _____ State _____ Zip _____

E-Mail Address _____ Age _____ Grade _____

Day Phone _____ Home # _____ Cell # _____

T-shirt size: (circle) YS YM YL AS AM AL AXL AXXL

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| <p><u>Select Type of Camper:</u> Ages: 6-14 (Boys and Girls)</p> <p>_____ 8:30-10:00 am – Ages 6-8</p> <p>_____ 10:00-11:30 am – Ages 9-11</p> <p>_____ 11:30-1:00 pm - Ages 12-14</p> |
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| <p>Place: <u>Fern Bell Rec Center</u> 107 Sanders Rd – HSV 35802</p> <p>Cost: <u>\$50</u> per player <u>\$40 family discount</u> – additional child <u>\$45</u> team discount – team w 3 or more players</p> <p>Highlights: Proper fundamentals in Dribbling/Ball-handling, Footwork & Shooting technique. Games, Contests, Mr./Mrs. Basketball award.</p> |
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****Mail form and payment (check to ABA) to: ABA – 2733 Deford Mill Rd – Huntsville, AL 35763****

For more information: Coach Scott Stapler – 256-604-0101 cell - scott@ababball.com – email www.alabamabasketballacademy.com

PARENTAL WAIVER AND CONSENT FORM

The Alabama Basketball Academy (“ABA”) undertakes the responsibility to provide you with expert training and other related services (“the Program”). As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the Program as designated by (“ABA”).

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named above (“ABA”), its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

_____ (NAME OF PARTICIPANT) _____ (DOB)

_____ (ADDRESS) _____ (CITY/STATE)

***Please list any physical limitation (allergies, hearing, sight, etc.)**

_____ (PARENT/GUARDIAN SIGNATURE) _____ (DATE)