

**The ALABAMA BASKETBALL ACADEMY'S
SUMMER CAMP SERIES**

POST PLAY / FUNDAMENTAL SKILLS / SHOOTING / ATHLETIC PERFORMANCE

Director: Coach Scott Stapler

Last Name _____ First Name _____ Age _____

Address _____ School _____ Grade _____

City _____ State _____ Zip _____

E-Mail Address _____ Phone _____

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

<p><u>Fundamental Skills Camps</u> _____ SESSION 1 – JUNE 2-5 Grades K-2 – 8:30-10:00a Grades 3-5 – 10:00-11:30a _____ SESSION II – JUNE 9-12 Grades K-2 – 8:30-10:00a Grades 3-5 – 10:00-11:30a COST - \$85</p>	<p><u>Middle School Skills Camp</u> JUNE 16-19 - Grades 6th-8th _____ <u>Select Group</u> _____ Girls Camp – 8:30-10:30a _____ Boys Camp – 11:00-1:00p COST - \$85</p>	<p><u>POST PLAYER U</u> JUNE 23-26 _____ Grades 5-12 10:00-11:30a COST - \$125 <u>Skills/Athletic Performance</u> JUNE 23-26 _____ Grades K-6 11:30a-1:00p COST \$85</p>	<p><u>Shooting Camp</u> JULY 14-15 <u>Select Group</u> _____ Ages 12 & under 2:00-3:00p – 7/14 12:30-2:00p – 7/15 _____ Ages 13 and older 3:00-4:00p – 7/14 2:00-3:30p – 7/15 COST - \$55</p>
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***SKILLS CAMPS WILL BE HELD @ HOLY SPIRIT SCHOOL GYM – 619 AIRPORT RD, HUNTSVILLE, AL 35802**

****POST PLAYER U & SKILLS/PEFORMANCE CAMPS @ Goldsmith-Schiffman Gym–1210 Taylor Rd, Huntsville, AL 35763**

*****SHOOTING CAMP WILL BE HELD @ WESTMINSTER CHRISTIAN GYM – 237 JOHNS RD, HUNTSVILLE, AL 35806**

*****\$10 DISCOUNT FOR A 2ND CHILD ATTENDING CAMP**

****Mail form and payment (check to ABA) to: ABA – 2733 Deford Mill Rd – Huntsville, AL 35763****

info: Coach Scott Stapler / 256-604-0101 cell / scott@ababall.com / 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)

(EMERGENCY PHONE #)

(ADDRESS)

(CITY/STATE)

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

(PARENT/GUARDIAN SIGNATURE)

(DATE)