

ALABAMA BASKETBALL ACADEMY

2015 CLUB TEAM TRYOUT INFORMATION

TEAM

ABA use only

First Name: _____ Last Name: _____

Address: _____ School: _____ Grade: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ Age: _____ DOB : _____

Day Phone: _____ Home #: _____ Cell #: _____

SIZING – INDICATE ADULT (A) OR YOUTH (Y)

T-Shirt _____

Jersey _____

Shorts _____

Contact:

Parent/Guardian: _____ Address: _____ City: _____

Zip: _____ Cell: _____ Home: _____ Email: _____

Emergency Contact (If Different from above)

Name: _____ Relation to Athlete: _____

Phone: _____ Email: _____

Secondary Contact Name

Name: _____ Relation to Athlete: _____

Phone: _____ Email: _____

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. By signing this, I agree to pay any and all fees associated with the ABA program in full.

 (NAME OF PARTICIPANT) (DOB)

 (ADDRESS) (CITY/STATE)

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

 (PARENT/GUARDIAN SIGNATURE) (DATE)

OFFICIAL USE ONLY

Total Fee Due	P1/date	P2/date	P3/date	P4/date		