

The ALABAMA BASKETBALL ACADEMY'S
COLLEGE COMBINE
GIVING YOU DIRECT EXPOSURE TO COACHES

Camp Director: Coach Scott Stapler

Last Name _____ First Name _____ Age _____ Ht/Wt ____/____

Email _____ Phone _____

Twitter Name _____ Instagram _____

School _____ Grade _____ Coach's Name _____

ACADEMIC INFORMATION: ACT Score _____ GPA _____

ATHLETIC INFORMATION: PPG ____ RPG ____ APG ____ 3PT% ____

Basketball Awards/Honors: _____



1 DAY - SUPER SESSION – INVITATION ONLY

>**DATE:** SATURDAY, SEPTEMBER 24, 2016

>**PLACE:** WESTMINSTER CHRISTIAN ACADEMY – 237 JOHNS ROAD – HUNTSVILLE, AL 35806

>**FOR:** BOYS HIGH SCHOOL SENIORS

>**TIMES:** 10:00 a.m. – 2:00 p.m.

>**COST:** \$40

>**The ABA College Combine** is 1-Day of Skill Development Training & Competition designed to help players get exposure in front of college coaches and the ABA Coaching staff. All instruction will be led by the **Alabama Basketball Academy** coaching staff. The Combine will consist of Position Play Training, 3 on 3 games, and 5 on 5 games. There will be College Coaches in attendance from JUCO, NAIA, NCAA-D3, and NCAA-D2.

FOR 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 ("PARTICIPANT") 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.

Media/Photo waiver clause: I authorize and give full consent to ("ABA") or Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes and/or film in which ("Participant") appears and may use them, no matter by who taken, in any manner for publicity, promotional, advertising, trade, or commercial purposes. I, ("Undersigned Parent/Guardian") agree that Released Parties may transfer, use, or cause to be used, said digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations. I further agree that said use herein is expressly without compensation to the ("Undersigned Parent/Guardian"), ("Participant"), and his/her/their heirs and assigns.

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. I also agree to pay any and all fees associated with the ABA program in full.

 (NAME OF PARTICIPANT) (DOB) (EMERGENCY PHONE #)

 (ADDRESS) (CITY/STATE)

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

 (PARENT/GUARDIAN SIGNATURE) (DATE)