The ALABAMA BASKETBALL ACADEMY'S

FALL MINI-LEAGUE

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**

COST - $25 PER SESSION

>The Mini-League is a great way to get skill development training along with competition. We will train for the first segment of each session. Then we will divide up and play games – 3/3, 4/4, 5/5.
>This is a "drop in" schedule. You can pay each time or pre-pay. It will allow us to add players along the way. Players will be awarded points based on how their team does each session.
>Teams may change based on which players attend each week. Thus, the point system is kept on an individual basis.
>Each player will receive an ABA T-shirt. Winners will also receive a Mini-League Champions T-shirt.

SCHEDULE

Sundays – Beginning 8/24/14
4:00-5:15 p.m.

Each training session is 75 minutes.

All training will be held at:
SE YMCA (back gym)
1000 Weatherly Road
Huntsville, AL 35763

No Session 8/31/14
League ends 10/26/14

****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@ababball.com / www.alabamabasketballacademy.com

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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.)

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_____ _____
(PARENT/GUARDIAN SIGNATURE) (DATE)