

The ALABAMA BASKETBALL ACADEMY'S

# PRE-SEASON SKILL DEVELOPMENT TRAINING

GUNTERSVILLE SESSIONS – Wednesdays - STARTING OCTOBER 22, 2014

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

## ADVANCED BASKETBALL

- For Boys and Girls – ages 6-12
- COST - \$25 per session
- Bring: a basketball if you would like (we will also have basketballs), a drink, & wear clothing to play basketball in.

Our focus during these sessions will be fundamental skill development training in: ball-handling & dribble moves, shooting technique, footwork & live ball moves, and basketball concepts.

## SCHEDULE

Wednesdays

4:00-5:00p

Each training session is 60 minutes.

All training will be held at:  
Ross Originals Training Center  
2053 O'Brig Ave.  
Guntersville, AL 35976

**\*\*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](mailto:scott@ababall.com) / [www.alabamabasketballacademy.com](http://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. I also agree to pay any and all fees associated with this 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)