

The ALABAMA BASKETBALL ACADEMY'S Holiday Hoops Basketball Camp

December 29 & 30, 2014 Director: Coach Scott Stapler

First Name: _____ Last Name: _____

Address _____ School/Team _____

City _____ State _____ Zip _____

E-Mail Address _____ Age _____ Grade _____

Day Phone _____ Home # _____ Cell # _____

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

Select Type of Camper:

Ages: 5-14 (Boys and Girls)

____ 8:30-10:00 a.m. – Pre-K – 2nd grade

____ 10:00-11:30 a.m. – Grades 3-5

____ 11:30-1:00 p.m. – Grades 6-8

Place: Holy Spirit School Gym
619 Airport Rd – HSV 35802

Cost: \$50 per player
\$40 family discount – additional child
\$45 team discount – team w 3 or more players

Highlights: Proper fundamentals in Dribbling/Ball-handling, Footwork & Shooting technique. Games, Contests.

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

For more information: Coach Scott Stapler – 256-604-0101 cell - scott@ababball.com – email 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 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)