Last Name_____ First Name_____ Age_____

Address_____ School _____Grade_____

City_____ State_____ Zip_____

E-Mail Address_____ Phone_____

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

GROUP TRAINING	PERSONAL TRAINING	VERTIMAX TRAINING
Select PROGRAM:	*Select # of SESSIONS:*	*Select PROGRAM:*
___BEGINNING BASKETBALL COST - $200	__3 SESSIONS – COST - $285	__4 SESSIONS – COST based on group (either $30 or $25 per)
___MINI-LEAGUE + SKILLS COST - $175	__6 SESSIONS – COST - $570 **SUNDAY SHOOTING**	**VERTIMAX + SKILLS**
___SMALL GROUP TRAINING COST - CALL	__6 SESSIONS – COST - $120	__4 SESSIONS – COST $220 ($55 per session)

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. 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)