



SUMMER CAMP SERIES 2016

Instruction led by Coach Scott Stapler and ABA Coaching Staff

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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

> PLEASE SELECT THE CAMP YOU PLAN TO PARTICIPATE IN <

> FUNDAMENTAL SKILL DEVELOPMENT – COST \$85 – Boys/Girls K-5th Grades.

Fundamentals in footwork/live ball moves, ball-handling/dribble moves, passing & shooting technique + games.

JUNE 6-9 – TIME – 9:00 – 10:30a

JULY 11-14 – TIME – 10:15-11:45a

> SHOOTING SPECIALTY – COST - \$85 – Boys & Girls

90 minutes of shooting fundamentals, technique and game specific shooting drills. Video analysis.

JUNE 15-17 – Ages 12U – 9:00-10:30a. Ages 13+ - 10:30a-Noon

JULY 18-20 – Ages 12U – 1-2:30p. Ages 13+ - 2:30-4:00p

> MIDDLE SCHOOL SKILLS – COST \$100 – Entering grades 6-7-8

Not for beginning players. A snapshot of an ABA practice in the spring/summer to develop individual/team skills

JUNE 20-23 – GIRLS 9:00-11:00a, BOYS 11:30a-1:30p

> POST PLAYER U – COST \$100

Comprehensive teaching on how to play inside. We hold these camps throughout the state/southeast

JULY 25-27 – BOYS & GIRLS in Middle & High School – 9:00-11:00a

> SKILLS+ATHLETIC PERFORMANCE – COST \$85

We integrate ABA Skill Development with drill work to improve coordination, quickness, athletic ability.

JULY 25-27 – Boys & Girls – Grades K-8 – 11:00-12:30p

> JR BALLERS (Boys & Girls 4-5-6 years old) – COST \$65

Beginning Basketball skills and knowledge combined with hand-eye coordination / drills + footwork/balance

MAY 31 – JUNE 2 – 1:00-2:00p

JULY 11 – 13 – 9:00-10:00a

ALL CAMPS WILL BE HELD AT HOLY SPIRIT SCHOOL GYM – 619 AIRPORT RD., HUNTSVILLE, AL 35802

\$10 DISCOUNT FOR A 2ND CHILD ATTENDING CAMP – www.alabamabasketballacademy.com

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Mail registration (check to ABA) and consent form:

ABA – 2733 Deford Mill Rd., Hampton Cove, AL 35763

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)