



# SUMMER CAMP SERIES 2017

*Instruction led by Coach Scott Stapler and the 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 <**

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

Shooting fundamentals, technique and game specific shooting drills. Video analysis.

- MAY 31–JUNE 2 – Grades K-8. 10:30a-Noon– [WESTMINSTER CHRISTIAN GYM – 237 JOHNS RD., HSV 35806](#)
- JULY 26-27 – Grades 3-11. 9:00-11:00a – [HOLY SPIRIT SCHOOL GYM – 619 AIRPORT RD., HSV 35802](#)

**> MIDDLE SCHOOL ELITE 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 22-23 – GIRLS 9-11a, BOYS 11a-1p - [HOLY SPIRIT SCHOOL GYM – 619 AIRPORT RD., HSV, 35802](#)

**> ABA DAY CAMP – COST \$175 – Gym TBA**

Fundamental skills. Competitive games & contests. Team play. Lots of FUN.

- JUNE 26-29 – Boys & Girls – Grades K-6 – 9:00a – 4:00p

**> JR BALLERS (Kids PreK-2<sup>nd</sup> Grades) – COST \$75**

Beginning Basketball skills and knowledge. Hand-eye coordination drills. 2/2 – 3/3 Games. Using 8' baskets.

- JULY 5-6 – 9:00a-Noon – [FERN BELL REC CENTER – 107 SANDERS RD., HSV 35802](#)

**> FUNDAMENTAL SKILL DEVELOPMENT – COST \$85 – Boys/Girls 3-8<sup>th</sup> Grades – COST \$85**

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

- JULY 26-27 – 1:00-3:00p - [HOLY SPIRIT SCHOOL GYM – 619 AIRPORT RD., HUNTSVILLE, AL 35802](#)

\$10 DISCOUNT FOR A 2<sup>ND</sup> CHILD ATTENDING CAMP – [www.alabamabasketballacademy.com](http://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.

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(NAME OF PARTICIPANT)

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(DOB)

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(EMERGENCY PHONE #)

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(ADDRESS)

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(CITY/STATE)

\*Please list any physical limitation (allergies, hearing, sight, etc.):

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(PARENT/GUARDIAN SIGNATURE)

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(DATE)