The ALABAMA BASKETBALL ACADEMY'S

SUMMER CAMP SERIES

POST PLAY / FUNDAMENTAL SKILLS / SHOOTING / ATHLETIC PERFORMANCE

Director: Coach Scott Stapler & ABA Coaching staff

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

Fundamental Skills Camps

____SESSION 1 – JUNE 1-4
Grades K-2 – 1:00-2:30p
Grades 3-5 – 2:30-4:00p

___SESSION II-JUNE 29-JULY 2
Grades K-2 – 8:30-10:00a
Grades 3-5 – 10:00-11:30a

COST - $85

Middle School ELITE Camp

JUNE 23-26 - Grades 6th-8th

Select Group
____Girls Camp – 8:30-10:30a
____Boys Camp – 11:00-1:00p

COST - $85

POST PLAYER U

____JULY 27-29
Grades 5-12(Girls/Boys)
9:00-10:30a
COST - $100

Skills + Athletic Performance
____JULY 21-23
Grades K-8
11:30a-1:30p

COST $85

SHOOTING CAMP I

____JUNE 29 – JULY 2
>Select Group
Ages 12U – 1:00-2:30p
Ages 13+ - 2:30-4:00p

SHOOTING CAMP II

____JULY 27-29
>Select Group
Ages 12U – 10:30a – Noon
Ages 13+ - Noon – 1:30p
COST - $65

***ALL CAMPS WILL BE HELD @ HOLY SPIRIT SCHOOL GYM – 619 AIRPORT RD, HUNTSVILLE, AL 35802**
****$10 DISCOUNT FOR A 2ND CHILD ATTENDING CAMP**
*****ATTEND 4 OR MORE ABA SUMMER CAMPS & RECEIVE – FREE – ABA HOODIE**
*****EARLY BIRD REGISTRATION-BEFORE-5/23–FREE VIDEO SHOOTING ANALYSIS**

****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.

_____ _____ _____
(NAME OF PARTICIPANT) (DOB) (EMERGENCY PHONE #)

_____ _____
(ADDRESS) (CITY/STATE)

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

_____

_____ _____
(PARENT/GUARDIAN SIGNATURE) (DATE)