

**The ALABAMA BASKETBALL ACADEMY'S**  
**3 on 3 League, Shooting, JR Ballers**

*Sunday - DATES - AUGUST 13 - SEPTEMBER 24, 2017*

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

<b><u>3 on 3 LEAGUE</u></b>
<b>3:30P</b>
__Boys
__Girls
<b>COST - \$75 (FOR LEAGUE ONLY)</b>

<b><u>Sunday Shooting Session</u></b>
__6 - (1 HR SESSIONS) 2:30-3:30P
<b>COST - \$120</b>

<b><u>JR BALLERS TRAINING</u></b>
__1:30-2:30P
<b>COST - \$20 (PER SESSION)</b>

**\*\*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@ababall.com](mailto:scott@ababall.com) / [www.alabamabasketballacademy.com](http://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.

\_\_\_\_\_  
 (NAME OF PARTICIPANT) (DOB) (EMERGENCY PHONE #)

\_\_\_\_\_  
 (ADDRESS) (CITY/STATE)

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

\_\_\_\_\_

\_\_\_\_\_  
 (PARENT/GUARDIAN SIGNATURE) (DATE)