## The ALABAMA BASKETBALL ACADEMY'S

## **Veteran's Day - SKILL DEVELOPMENT CAMP**

Director: Coach Scott Stapler

Address School Grade  City State Zip  E-Mail Address Phone  T-shirt size: (circle) YS YM YL AS AM AL AXL AXXL    DATE: TUESDAY, NOVEMBER 11, 2014 (VETERAN'S DAY)   PLACE: HOLY SPIRIT SCHOOL GYM - 619 AIRPORT RD., Huntsville, AL 35802   PCOST: 340 PER PLAYER.   PCOR: MALE & FEMALE PLAYERS IN K - 8 <sup>TM</sup> GRADE   TIMES: (please check appropriate box)	Last Name First Name						Age		
T-shirt size: (circle) YS YM YL AS AM AL AXL AXXL    T-shirt size: (circle) YS YM YL AS AM AL AXL AXXL    DATE: TUESDAY, NOVEMBER 11, 2014 (VETERAN'S DAY)   P-LACE: HOLY SPIRIT SCHOOL GYM – 619 AIRPORT RD., Huntsville, AL 35802   COST: \$40 PER PLAYER.   FOR: MALE & FEMALE PLAYERS IN K – 8 <sup>TH</sup> GRADE   TIMES: (please check appropriate box)	Address		School			Grade			
T-shirt size: (circle) YS YM YL AS AM AL AXL AXXL	City		Sta	State		Zip			
> DATE: TUESDAY, NOVEMBER 11, 2014 (VETERAN'S DAY) > PLACE: HOLY SPIRIT SCHOOL GYM − 619 AIRPORT RD., Huntsville, AL 35802  > COST: \$40 PER PLAYER.  > FOR: MALE & FEMALE PLAYERS IN K − 8 <sup>TH</sup> GRADE  > TIMES: (please check appropriate box) □ 8:30 a.m. − 10:30 a.m. (K − 4 <sup>th</sup> Grades)  □ 10:30 a.m. − 12:30 p.m. (5 <sup>th</sup> − 8 <sup>th</sup> Grades)  > Our Veteran's Day Skill Development Camp is 2 hours of instruction in fundamental skills for ball-handling & dribble moves, footwork & live ball moves, shooting technique and basketball concepts. Will finish the camp with 3 on 3 games and 5 on 5 games in age appropriate groups. All instruction we be led by Coach Scott Stapler from the Alabama Basketball Academy. This is a great way to prepare for the upcoming season.  **Mail form and payment (check to ABA) to: ABA − 2733 Deford Mill Rd − Huntsville, AL 35763**  FOR info: Coach Scott Stapler / 256-604-0101 cell / scott @ababball.com / www.alabamabasketballacademy.com  PARENTAL WAIVER AND CONSENT FORM  The Alabama Basketball Academy ("ABA") undertakes the responsibility to provide you with expert train and other related services ("the Program"). As the parent or legal guardian of the child named below, I hereby giny full consent and approval for my child to participate as a team member in the Program as designated by ("AB. I understand that there are certain risks of injury inherent in the proactice and play of this sport, as well as traveling and other related activities incidental to my child's participation, and I am willing sport, as well as traveling and other related activities incidental to my child's participation, and I am willing to assume these risks behalf of my child. I hereby ging the proper in the program of the child named below ("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, except as listed below.  (NAME OF PARTICIPANT) (DOB) (EMERGENCY PHONE #)	E-Mail Address					_ Phone			
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10:30 a.m 12:30 p.m. [5 <sup>th</sup> - 8 <sup>th</sup> Grades]	> <u>PLACE:</u> HOLY SP >COST: \$40 PER P	IRIT SCHOOL GY LAYER.	<b>/M – 619 AIRP</b> IN K – 8 <sup>TH</sup> GRA	ORT RD., \DE	Huntsv				
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*Please list any physical limitation (allergies, hearing, sight, etc.)	(ADD	RESS)			(CITY	/STATE	)		
	*Please list any phys	sical limitation (a	allergies, hear	ing, sigh	t, etc.)				
(PARENT/GUARDIAN SIGNATURE) (DATE)	(DADENIT/OUADOLA	N CIONATURES				/DAT	<u>-</u> ,		