

The ALABAMA BASKETBALL ACADEMY'S Veteran's Day - SKILL DEVELOPMENT CAMP

Director: Coach Scott Stapler

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

>**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 – 8TH GRADE

>**TIMES:** (please check appropriate box) 8:30 a.m. – 10:30 a.m. (K – 4th Grades)
 10:30 a.m. – 12:30 p.m. (5th – 8th 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. We will finish the camp with 3 on 3 games and 5 on 5 games in age appropriate groups. All instruction will 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@ababall.com / 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. I also agree to pay any and all fees associated with this 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)