The ALABAMA BASKETBALL ACADEMY'S

Veteran's Day - SKILL DEVELOPMENT CAMP

Friday, November 11, 2016 - ***Directed by 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

>DATE: FRIDAY, NOVEMBER 11, 2016 (VETERAN'S DAY)
>PLACE: MOUNTAIN VIEW BAPTIST CHURCH – 1413 McCLUNG AVE – HUNTSVILLE, AL 35801
>COST: : $40 PER PLAYER. 2nd Child in family - $35. 3rd Child in family - $30.
>FOR: MALE & FEMALE PLAYERS IN K – 8TH GRADE

>TIMES: (please check appropriate box) ☐ 9:00 a.m. – 11:00 a.m. (K – 4th Grades)

☐ 11:00 a.m. – 1:00 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 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*****
Coach Scott Stapler / 256-604-0101c / scott@ababball.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 ("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.

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

_____ _____
(ADDRESS) (CITY/STATE)

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

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_____ _____
(PARENT/GUARDIAN SIGNATURE) (DATE)