The ALABAMA BASKETBALL ACADEMY'S
POST PLAYER UNIVERSITY
TEACHING YOU HOW TO PLAY IN THE POST
Directors: Coach Scott Stapler & Coach Ronnie 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

---

1 DAY - SUPER SESSION
>DATE: FRIDAY, MAY 20, 2016
>PLACE: CENTRAL HIGH SCHOOL – 3000 COUNTY ROAD 200, FLORENCE, AL 35633
>COST: $100 PER PLAYER.
>FOR: MALE & FEMALE PLAYERS IN MIDDLE SCHOOL OR HIGH SCHOOL
>TIMES: 4:30 p.m. – 9:00 p.m.
>Post Player U is 1-Day of intensive instruction in the fundamentals on how to be an effective post player. All instruction will be led by Coach Scott Stapler and Coach Ronnie Stapler from the **Alabama Basketball Academy**. The camp will consist of instruction on developing hands and feet, proper posting stance, getting open, sealing and holding a seal, the 4 ways a post player can be defended, playing in transition, high & low post play, post play vs. zone defenses, scoring moves inside, pick & roll/pop techniques, and playing in various offensive concepts.

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 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)**