The ALABAMA BASKETBALL ACADEMY'S

Veteran's Day - SKILL DEVELOPMENT CAMP

Wednesday, November 11, 2015 - Directed by ABA Coaching staff

Last Name	First Name			Age		
Address	Sch	choolGrade		Grade		
City	State			Zip		
E-Mail Address			Phor	ie		
T-shirt size: (circle) YS YM	YL AS	AM	AL	AXL	AXXL	
> <u>DATE:</u> WEDNESDAY, NOVEMBER 11, 2015 (VETERAN'S DAY) > <u>PLACE:</u> MOUNTAIN VIEW BAPTIST CHURCH – 1413 McCLUNG AVE – HUNTSVILLE, AL 35801 > <u>COST:</u> \$40 PER PLAYER. > <u>FOR:</u> MALE & FEMALE PLAYERS IN K – 8 TH GRADE						
> <u>TIMES:</u> (please check appropriate	te box)	9:00 a.r	n. – 11:0	0 a.m. (K – 4 th Grades)	
		11:00 a	m. – 1:00) p.m. (5	^{5th} – 8 th Grades)	
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 / s						<u>)m</u>
related services ("the PROGRAM"). As the consent and approval for my child to partic I understand that there are certain other related activities incidental to my child certify that my child is fully capable of partimental disabilities or infirmities that would	parent or legal guipate as a team mon risks of injury inhald's participation, accipating in the descrestrict full participatics and give full I recordings, video publicity, promoticies may transfer, blic displays, publicor reservations. In tricipant"), and his not for my child's pacers, coaches, spof participation in the	ardian of the most in the most interest. In the most interest in the most in the most in the most in the most in t	the child ("I the Program the Program the practice tilling to as port and the the activity to ("ABA") I/or film in a trising, trac trising, trac to be u tommercials tree that sa theirs and a theirs and a theirs and a theirs and a theirs and a	PARTICIP n as design and play sume thes at my chil ties, exce or Releas which ("Pa de, or com assed, said as, art and id use her assigns. by waive, and repre and the ad	nated by ("ABA"). of this sport, as well as in traveling a se risks on behalf of my child. I hereb d is healthy and has no physical or pt as listed below. ed Parties to copyright and/or publist articipant") appears and may use the mercial purposes. I, ("Undersigned digital recordings, photographs, advertising purposes, television rein is expressly without compensation release and hold harmless the sentatives for any injury that may be ctivities incidental thereto, whether the	nd y h for m,
(NAME OF PARTICI	PANT)		(DOB))	(EMERGENCY PHONE #)	-
(ADDRESS)			(CITY	STATE)		
*Please list any physical limitation	(allergies, hea	ring, sig	ht, etc.)			
(PARENT/GUARDIAN SIGNATURE	1			(DATE	=)	_