



ABA PLAYER REGISTRATION

PLAYER NAME:		
Sex::	Age:	Date of Birth:
Height:		Weight:
School:		Grade:
MOTHER:		FATHER:
Primary Address:		
City:		Zip:
Home Phone (Primary):		Home Phone (2nd):
Cell Phone (Primary):		Cell Phone (2nd):
Work Phone (Primary):		Work Phone (2nd):
Email (Primary):		Email (2 nd):
Emergency Contact (1):		
Emergency Contact (2):		
Health Ins. Co.:		Ins. I.D. #:
Payment Method:	CASH	CHECK
		CREDIT CARD
* * * <i>If paying with credit card, then please complete credit card authorization form.</i>		

I understand that the ABA staff will make their best efforts to safeguard the health and safety of those children participating in the ABA Basketball Program. I authorize any medical or emergency attention, as needed for my child, to the direction of the ABA staff and coaches. I have filled out the registration form, received the Parents Code of Ethics and accept the responsibilities set forth therein.

Signature: _____

Date: _____

Mother: _____

Date: _____

Father: _____

Date: _____

Legal Guardian: _____

Initial Box	PROGRAM TYPE	MINIMUM COMMITMENT	TUITION FEE
	Base Program (Boys) 8u - HS	3 Months	\$200 per Month
	Base Program (Girls) 9u - HS	3 Months	\$200 per Month
	Tournament Fee (Basic Program)		\$50
	Tournament Fee (Basic Program)		\$65
	League Fee		\$100
	Skills Clinic Only (Boys & Girls)	3 Months	\$175 per Month
	Open Gym All Ages	1 Month 1 Month Daily	\$10 per Month \$20 per Month \$10 per Day

The undersigned hereby agrees to be financially responsible for the participation of their child/children in the above selected program. By signing below, the undersigned acknowledges that they will be responsible for all the above applicable fees. All monies paid towards the program are non-refundable and non-transferable.

The undersigned further agrees to defend, indemnify, and hold harmless the All-Star Basketball Academy, Inc. ("ABA") and its officers, employees and agents from and against any and all loss, liability charges, and expenses per the waiver and release of liability, assumption of risk and indemnity agreement signed herewith. The ABA does not provide for accident, medical, liability, workers' compensation insurance or any other insurance for program participants. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy myself of any facilities which my child participates in to determine that they are reasonably safe for their intended use, and agree to expressly assume the risk of participating at any such premises. I also understand that the ABA retains the right to use photos or video taken during activities for publicity purposes, and may do so without obtaining our prior consent or approval.

Signature: _____ Date: _____

Mother:

_____ Date: _____

Father:

_____ Date: _____

Legal Guardian:

	Private Training One Block Session	1 Session	\$60 Each
	Private Training Four Block Session	4 Sessions	\$50 Each
	Private Training Eight Block Session	8 Sessions	\$40 Each
	Semi-Private Training One Block Session	1 Session	\$35 Each Player
	Semi-Private Training Four Block Session	1 Session	\$30 Each Player
	Semi-Private Training Four Block Session	1 Session	\$25 Each Player
	Private Training GYM FEE	Per Use/Per Hr.	\$10

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Signature: _____ Date: _____

Mother:

_____ Date: _____

Father:

_____ Date: _____

Legal Guardian: