



# St Louis Basketball Academy

## 2012 WINTER WORKOUT (HS Boys) SKILLS & SCRIMMAGE PROGRAM

Registration Night Tuesday January 10, 7:30-9:00  
Session Runs: January 10, 2012 thru February 28, 2012

Skills Program: Includes 18 Days of 30 Minute Drills for Individual skill development  
Scrimmage Program: Includes 18 Days of 60-minute Game Action (2 on 2 / 3 on 3 / full court 4 on 4)

### Skills & Scrimmage dates & times:

Saturday's 2:00-3:30 pm - January 14, 21, 28, February 4, 11, 18, 25

Sunday's 2:00-3:30 pm - January 15, 22, 29, February 5, 12, 19, 26

Tuesday's 7:30-9:00 pm - January 24, 31, February 14, 28

\_\_\_\_\_ \$225

Reversible jersey \_\_\_\_\_ \$35

*\*Program requires a Reversible Jersey for additional \$35 unless you already have a Saints Uniform*

### PARTICIPANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Jersey size: Sm Med Lg XL 2X  
Grade: \_\_\_\_\_ School: \_\_\_\_\_ Circle your team: Fresh Soph JV Varsity Didn't play  
Coach's Name \_\_\_\_\_ Coach's email address \_\_\_\_\_  
Parents: \_\_\_\_\_ email: \_\_\_\_\_ Cell \_\_\_\_\_

### MEDICAL/EMERGENCY/RELEASE INFORMATION:

I, \_\_\_\_\_ (parent/guardian), to \_\_\_\_\_ (player),  
In the event that my child is injured or should require medical attention, I hereby request you contact our family doctor. In the event the doctor can't be reached, I hereby authorize the coach or any other program volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment, which are not covered by insurance provided through the program. If possible, confirmation of the authorization should be made with me prior to treatment by calling me at the above listed number. In case I can't be reached for an emergency, medical treatment as described above may proceed without further authorization. I assume all risks and hazards to such participation, including transportation to and from activities, and hereby waive, release, absolve, indemnify and agree to hold harmless the St Louis Basketball Academy, the organizers, sponsors, supervisors, participants and persons transporting my child to and from activities for any claim arising out of an injury to my child, whether the result of negligence or for any other cause, except to the extent, and in the amount covered by, accident or liability insurance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_  
Other Health Concerns: \_\_\_\_\_

Skills/Scrimmage \$225 \_\_\_\_\_ Jersey \$35 \_\_\_\_\_

### OFFICE USE ONLY:

Date Received: \_\_\_\_\_ By (initials): \_\_\_\_\_ Amount: \_\_\_\_\_  
Cash: \_\_\_\_\_ Check Number: \_\_\_\_\_ Refund Date: \_\_\_\_\_

**REFUNDS GIVEN ONLY FOR MEDICAL ISSUES ACCOMPANIED BY PHYSICIANS LETTER**  
**\$30 ADMINISTRATIVE FEE ON ALL REFUNDS!**