



**St. Louis Basketball Academy
Skills Development & Training Program
Boys & Girls 3rd – 8th Grade**

Days and Times: Published on the Calendar of events as Drills for Skills

Check our website for updated training schedule in "Event Calendar" @ www.STLBBALL.com

Saints Club Member

Mondays: Girls only:	Grades 3rd thru 8th - 6:00pm-7:15pm	_____	_____
Tuesdays: Coed (Boys & Girls)	Grades 3rd thru 8th - 6:00pm-7:15pm	_____	_____
Wednesdays: Boys only:	Grades 3rd, 4th, 5th - 6:00pm-7:15pm	_____	_____
	Grades 6th, 7th, 8th - 7:30pm-8:45pm	_____	_____
Thursday: Coed (Boys & Girls)	Grades 3rd thru 8th - 7:30pm-8:45pm	_____	_____

Running Year Round - Winter/Spring/Summer/Fall

Activity Includes: Seventy-Five minutes of skill/drills, with an emphasis on game shots, game spots, game speed from training director Dennis Beckett and/or staff.

8 Skills Sessions - \$140 OR 16 Skills Sessions - \$250

Program Site: Moolah Shrine Center, 12545 Fee Fee Rd. St. Louis, MO 63146

(Take Bennington Exit off Page Extension or Fee Fee & Ross Rd) Questions Call – 314.769.2255

PARTICIPANT INFORMATION

Last Name: _____ **First Name:** _____ **M** _____ **F** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Cell:** _____
Grade: _____ **Birth Date:** _____ **School:** _____ **Allergies** _____
Parents: _____ **email:** _____

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: _____

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!