

**Southeast Basketball Academy
2010 Fall Training Program Registration**

Student's Name: _____

High School: _____

High School Coach: _____

Grade (2010-2011 year) : _____ **Height:** _____ **Position:** _____

Level played during 2009-10 School Season: _____ **Freshman** _____ **JV** _____ **Varsity**

Travel /AAU Team (if applicable) : _____

Home address: _____

City _____ **State** _____ **Zip Code** _____

Home Telephone: _____ **Parent(s) Name:** _____

Email Address (Important – Used for Confirmation):** _____

Parent(s) Cell/ Pager: _____

Emergency Contact Name: _____ **Emergency Contact Number:** _____

Please list any Medical Conditions/Allergies _____

Hold Harmless Agreement

Realizing the nature of the game of basketball and this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by the Southeast Basketball Academy, Inc. ,this student is to the best of my knowledge, in good health and able to participate in the this basketball program..

The undersigned hereby forever releases, discharges, and covenants to hold harmless the Southeast Basketball Academy, Inc., and any additional person, firm, or corporation charged or chargeable with responsibility of liability, their heirs, administrators, executors, successors, and assignees from any and all claims, suits, demands, damages, costs, actions and causes of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly in account of all personal injury disability, property damage, loss, or damages of any kind sustained or that my hereafter be sustained arising out of matters described herein or in consequence of the participation in this basketball program. The undersigned hereby bind their heirs, administrators, executors, and successors. Further, the agreement shall apply to all unknown and unanticipated injuries and damages, directly or indirectly resulting here from This release and hold harmless agreement shall constitute a full and complete release of any and all claims.

Parent/Guardian Signature _____ **Date** _____

Please mail this form and \$175 payment to:

Southeast Basketball Academy, Inc.

Attn: Fall Training Program

P.O. Box 440312

Kennesaw, GA 30160

Important Note : Director will contact all players to confirm registration, as well as day & time that their respective workout group will meet. This will be done no later than Friday August 20, 2010.