



GABL Academy Basketball Camp

CAMP DATES:

July 6-10, 2009

LOCATION:Shawnee Mission North H.S.
7401 Johnson Drive, Mission KS**TIME:** 12:00-4:00pm**PRICE:** \$95*(PLEASE PRINT CLEARLY)*

Circle Gender & T-Shirt Size

PLAYER NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE NO. _____

GRADE ENTERING IN AUG 2009 _____ SCHOOL ATTENDING IN AUG 2009 _____

BOY GIRL

T-Shirt Size

YL AS AM

AL XL XXL

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in the GABL Summer Basketball Program. I fully understand that there are certain risks inherent in playing the sport of basketball and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the sport of basketball, that my child is healthy and has no physical or mental disabilities and/or infirmities that would restrict full participation in these activities, except as listed below by me.

List any physical limitations _____

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Great American Basketball League, its officers, affiliates, members, facility owners, supervisors and any of its representatives, and any referee/official who might be contracted to work any of the program sessions, for any injury that may be suffered by my child in the normal course of participation in the activities incidental thereto, whether the result of negligence or any other cause.

I also authorize GABL to take photographs and to use, at its discretion, any photographs taken and waive any and all claims resulting from any such photographs or reproductions.

It also is understood that should my child be a disruptive individual or is verbally/physically abusive to any program player, staff member or official, the child will be removed from the program for the balance of the sessions, with fees refunded on a pro-rated basis.

Emergency Contact _____ Phone No. _____

Parent/Legal Guardian Printed Name _____

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Telephone No. _____

Email Address _____

Payment Info: Cash Check # _____ Visa / Mastercard / Discover

Card Number _____ Expiration Date _____

**RETURN REGISTRATION FORM
AND FEETO GABL OFFICE.****Great American Basketball League**

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Website: www.gabl.net