

# THE NATIONAL BASKETBALL ACADEMY - HOUSTON

## 2018 AAU TRYOUTS

- Looking for new TALENT to JOIN our FAMILY, with 20+ Greater Houston and 120+ National Teams
  - Our Staff is known for DEVELOPING and INCREASING Players' Skill Levels
  - Local, Regional & National level teams/events, Gear Packages, & Advanced Skills Training
  - Boys Grades 3-8th & Girls 6th-8th Tryout Info listed below
- (High School boys/girls tryouts held in December/January, dates to be released soon)

Questions? Scheduling issues? Need more info? Contact:  
 Coach Eric Love: [elove@thebasketballacademy.com](mailto:elove@thebasketballacademy.com) · 832-392-0749  
 Coach Anthony Sadler: [asadler@thebasketballacademy.com](mailto:asadler@thebasketballacademy.com) · 281-889-6447

Gender:Grade-Division	Tryout Date	Tryout Time	Facility
<input type="checkbox"/> Boys: 3rd-4th grade, 9U-10U	Saturday, Nov. 18	10:00-11:00AM	Bradshaw Fitness Center
<input type="checkbox"/> Boys: 5th-6th grade, 11U-12U	Saturday, Nov. 18	11:00-12:00PM	Bradshaw Fitness Center
<input type="checkbox"/> Girls: 7th-8th grade, 13U-14U	Saturday, Nov. 18	1:00-2:00PM	Willow Meadows Church
<input type="checkbox"/> Boys: 7th-8th grade, 13U-14U	Saturday, Nov. 18	2:00-3:00PM	Willow Meadows Church
<input type="checkbox"/> Girls: 5th-6th grade, 11U-12U	Sunday, Nov. 19	1:00-2:00PM	Bradshaw Fitness Center

Cost: \$15 - No refunds

Bradshaw Fitness Center, 7731 Southwest Frwy, Houston, TX 77074  
 Willow Meadows Church, 4300 W. Belfort Avenue, Houston, TX 77035



**2017 Bigfoot Hoops Las Vegas Classic  
 16u Silver Bracket Champs!!**



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**REGISTRATION FORM**

The National Basketball Academy -  
 Houston

2018 AAU Team Tryouts

Cost: \$15 - No refunds.

Check box above for team  
 grade/division you wish to tryout.

**BRING THIS COUPON PLUS PAYMENT TO THE EVENT (SUBJECT TO ROOM AND AVAILABILITY)**  
 Please complete this registration form, including parent or guardian signature.

Make all checks payable to: The National Basketball Academy  
 ALL SALES ARE FINAL. NO REFUNDS OR EXCHANGES WILL BE ISSUED.



\*Please note all credit cards will be subject to an  
 additional service charge  
 of 4% of the total dollar transaction.

Child's Name \_\_\_\_\_  
 Parent or Guardian Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_  
 Parent's Cell Phone \_\_\_\_\_ Child D.O.B. (MM/DD/YY) \_\_\_\_\_ Grade \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-Digit Security# (on back of card) \_\_\_\_\_  
 Amt. charged to card \$ \_\_\_\_\_

The SIGNER grants permission to The National Basketball Academy (and its designees and agents) to utilize the Signer's child's image, likeness, actions and statements in any live or recorded audio, video, or photographic display or other transmission, exhibition, publication or reproduction made of, or at, the Event in any medium or context without further authorization or compensation.

We, the undersigned, do hereby consent to our child's participation in The National Basketball Academy program. Our child is in good health and can participate in all activities. Therefore, in consideration for the services to be performed by The National Basketball Academy, I/we do further release their agents and employees and any others associated with the camps from any and all claim or liability to us or our child for any damages or injuries which may be sustained by our child in connection with The National Basketball Academy program.

Parent or Guardian Signature \_\_\_\_\_

In the event that reasonable attempts to reach parents/guardians at phone numbers listed have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by: \_\_\_\_\_ (preferred physician and phone) or by another licensed physician or the transfer of child to nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to performance of surgery.

Parent or Guardian Signature \_\_\_\_\_