

THE NATIONAL BASKETBALL ACADEMY - INDIANA 2018 AAU TRYOUTS

- Looking for new TALENT to JOIN our FAMILY, with 20+ Greater Indiana 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 Adam Branch: abranche@thebasketballacademy.com · 317-452-0349
 Coach David Westberry: dwestberry@thebasketballacademy.com · 317-617-7015

Gender:Grade-Division	Tryout Date	Tryout Time	Facility
<input type="checkbox"/> Boys & girls: 3rd-5th grade	Saturday, Nov. 18	12:00-1:00PM	The Gathering Place
<input type="checkbox"/> Boys & girls: 6th-8th grade	Saturday, Nov. 18	1:30-2:30PM	The Gathering Place
<input type="checkbox"/> Boys & girls: 3rd-5th grade	Sunday, Dec. 10	4:00-4:45PM	Hendricks Regional Health YMCA
<input type="checkbox"/> Boys & girls: 6th-8th grade	Sunday, Dec. 10	5:15-6:00PM	Hendricks Regional Health YMCA
<input type="checkbox"/> Boys & girls: 3rd-5th grade	Sunday, Dec. 17	4:00-5:00PM	JCC Indianapolis
<input type="checkbox"/> Boys & girls: 6th-8th grade	Sunday, Dec. 17	5:30-6:30PM	JCC Indianapolis

Cost: \$10 - No refunds

The Gathering Place, 1495 West Main Street, Greenwood, IN 46142
 JCC Indianapolis, 6701 Hoover Rd, Indianapolis, IN 46260
 Hendricks Regional Health YMCA, 301 Satori Pkwy, Avon, IN 46123



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REGISTRATION FORM

The National Basketball Academy -
 Indiana

2018 AAU Team Tryouts

Cost: \$10 - 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 _____