



Registration Form 2010 Competitive Academies



Player's Name: _____

Parent(s) Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell(s): _____

Email(s): _____

School: _____ Grade (10-11 School Yr.): _____

COMPETITIVE ACADEMY OPTIONS

June-July (Academy Dates available at www.tibbsbasketball.com)

GIRLS 5th-6th (Mondays 3:00-4:15pm)

BOYS 5th-6th (Mondays 4:30-5:45pm)

GIRLS 7th-8th (Wednesdays 3:00-4:15pm)

BOYS 7th-8th (Wednesdays 4:30-5:45pm)

GIRLS HS Junior Varsity (Mondays 6:00-7:15pm)

BOYS HS Junior Varsity (Wednesdays 6:00-7:15pm)

GIRLS HS Varsity (Mondays 7:30-8:45pm)

BOYS HS Varsity (Wednesdays 7:30-8:45pm)

****ALL ACADEMIES ARE \$120 per player!!**

T-Shirt Size (Adult)

S M L XL XXL

Office Use Only: Check# _____ Date Rec'd _____ Amount Paid _____ Amount Due _____

RELEASE FORM

In consideration of the acceptance of this registration for enrollment in the Tibbetts Instructional Basketball School, LLC, I/We, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against all sponsors and all employees of the Tibbetts Instructional Basketball School, LLC for any or all damages which may be sustained and suffered by me in connection with my/our association with, or entry into the Tibbetts Instructional Basketball School, LLC, and which may arise out of my traveling to, participating in or returning from the Tibbetts Instructional Basketball School, LLC. I/We hereby authorize the staff of the Tibbetts Instructional Basketball School, LLC to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the Tibbetts Instructional Basketball School, LLC from any and all liability. I/We hereby grant permission for my/our child to be a participant in the Tibbetts Instructional Basketball School, LLC and if an injury should occur during, traveling to or returning from the camp, I/We agree to pay for all costs, present and future, through my/our medical insurance policy and/or personal finances.

Participant Signature _____ Date: _____

Parent or Guardian Signature _____ Date: _____