



**PRESTON BASKETBALL SKILLS ACADEMY**  
**PBSA SUMMER CLINIC**  
 HOSTED AT HIRAM COLLEGE GYM: 11715 GARFIELD RD. HIRAM, OH 44234



**REGISTRATION FORM DUE JULY 24<sup>TH</sup>**

(Please Print Clearly)

**ATHLETE INFORMATION**

Athlete's First Name:		Last Name:		Middle:	Age:	Grade:	Birth date: / /	
Parent/Legal Guardian's Name:					Cell phone number: ( )		Home phone number: ( )	
Street Address:					City:		State:	ZIP Code:
Parent Email Address:					Player's School:			

**CAMP SELECTION**

Select Grade Level:	Select Number of Weeks for Camp:	Select Your Desired Dates for Camp (Based on Grade):		
<input type="checkbox"/> Grades 1 – 5	<input type="checkbox"/> 4 week	<b>Grades 1 – 5 (6pm - 7pm)</b> <b>Check 4 or 6 Dates</b>	<b>Grades 6 – 8 (7pm - 8pm)</b> <b>Check 4, 6, or 8 Dates</b>	<b>Grades 9 – 12 (8pm - 9pm)</b> <b>Check 4, 6, or 8 Dates</b>
<input type="checkbox"/> Grades 6 – 8	<input type="checkbox"/> 6 week	<input type="checkbox"/> Mon, July 11	<input type="checkbox"/> Mon, June 20	<input type="checkbox"/> Mon, June 20
<input type="checkbox"/> Grades 9 – 12	<input type="checkbox"/> 8 week	<input type="checkbox"/> Mon, July 18	<input type="checkbox"/> Mon, June 27	<input type="checkbox"/> Mon, June 27
		<input type="checkbox"/> Mon, July 25	<input type="checkbox"/> Mon, July 11	<input type="checkbox"/> Mon, July 11
		<input type="checkbox"/> Mon, Aug 1	<input type="checkbox"/> Mon, July 18	<input type="checkbox"/> Mon, July 18
		<input type="checkbox"/> Mon, Aug 8	<input type="checkbox"/> Mon, July 25	<input type="checkbox"/> Mon, July 25
		<input type="checkbox"/> Mon, Aug 22	<input type="checkbox"/> Mon, Aug 1	<input type="checkbox"/> Mon, Aug 1
		<input type="checkbox"/> Mon, Aug 29	<input type="checkbox"/> Mon, Aug 8	<input type="checkbox"/> Mon, Aug 8
			<input type="checkbox"/> Mon, Aug 22	<input type="checkbox"/> Mon, Aug 22
			<input type="checkbox"/> Mon, Aug 29	<input type="checkbox"/> Mon, Aug 29

**PAYMENT INFORMATION**

Select Camp: <input type="checkbox"/> 4 week camp: \$99 <input type="checkbox"/> 6 week camp: \$149 <input type="checkbox"/> 8 week camp: \$199	Total Payment: (check one) <input type="checkbox"/> 4 week camp: \$99 <input type="checkbox"/> 4 week camp + T-Shirt: \$114 <input type="checkbox"/> 6 week camp: \$149 <input type="checkbox"/> 6 week camp + T-Shirt: \$164 <input type="checkbox"/> 8 week camp: \$199 <input type="checkbox"/> 8 week camp + T-Shirt: \$214	Payment Method: (check one) *A 3.75% service charge is added for credit transactions. <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cash <input type="checkbox"/> Check (Checks payable to Preston Basketball Skills Academy)
Camp T- Shirt (Optional): \$15 Select T-Shirt Size: <input type="checkbox"/> Youth XS <input type="checkbox"/> Adult XS <input type="checkbox"/> Youth S <input type="checkbox"/> Adult S <input type="checkbox"/> Youth M <input type="checkbox"/> Adult M <input type="checkbox"/> Youth L <input type="checkbox"/> Adult L <input type="checkbox"/> Youth XL <input type="checkbox"/> Adult XL		<b>RETURN PAYMENT TO:</b> Preston Basketball Skills Academy PO Box 2074, Alliance, OH 44601 -OR- Scan Copy to: CoachBrookePreston@gmail.com

**CREDIT CARD AUTHORIZATION FORM**

Name on Card:	Card Number:	Expiration Date (MM/YY):	3 Digit Security Code on Back:
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**IN CASE OF EMERGENCY**

Contact Name:	Relationship to athlete:	Home phone: ( )	Cell phone: ( )
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I am aware of the nature of this activity and I hereby assume all responsibility for \_\_\_\_\_ to participate in the basketball skills camp. I will not hold BROOKE PRESTON and/or her employees responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of Brooke Preston (or her associates) prior to participating in this program. I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, or video footage of the participant named above by Preston Basketball Skills Academy (PBSA). I also grant the right to PBSA to edit, use, and reuse said products for marketing purposes, including use in print, on the internet, and all the other forms of media. All sales are FINAL. We do not give full or partial refunds for the basketball training being purchased, regardless of basis for refund request.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Return Registration Form and Payment to: Preston Basketball Skills Academy. PO Box 2074, Alliance, OH 44601  
 Or Scan Copy to [CoachBrookePreston@gmail.com](mailto:CoachBrookePreston@gmail.com) and bring payment to 1<sup>st</sup> session. **QUESTIONS: Call/Text Brooke at (330) 323-0806.**