



PRESTON BASKETBALL SKILLS ACADEMY

COVENTRY HOLIDAY HOOPS CAMP
1135 PORTAGE LAKES DR. AKRON, OH 44319
DECEMBER 27 – 28TH, 2:00PM–4:30PM
GRADES 4-8TH (GIRLS ONLY)



REGISTRATION FORM – DUE MONDAY, DEC 21ST

(Please Print Clearly)

ATHLETE INFORMATION							
Athlete's First Name:		Last Name:		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:			

PAYMENT INFORMATION		
 Preston Basketball Skills Academy T- Shirt (Optional): \$15 Select T-Shirt Size: <input type="checkbox"/> Youth 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	Total Payment: (check one) <u>Camper Rates (per player):</u> <input type="checkbox"/> \$45.00: Basketball Camp <input type="checkbox"/> \$60.00 : Basketball Camp + \$15 T-Shirt	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) RETURN PAYMENT TO: 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:

IN CASE OF EMERGENCY			
Contact Name:	Relationship to athlete:	Home phone: ()	Cell phone: ()
<p>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.</p> <p>_____ Parent/Guardian Signature</p> <p>_____ Date</p>			

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