



PRESTON BASKETBALL SKILLS ACADEMY INDIVIDUAL/PRIVATE SESSIONS




REGISTRATION FORM

(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: _____

PAYMENT INFORMATION		
 <p style="font-size: small;">Preston Basketball Skills Academy 2016 Summer T- Shirt (Optional): \$15</p> <p><u>Select T-Shirt Size:</u> <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</p>	<p>Total Payment: (check one)</p> <p><u>First Time Clients Promo Price:</u> <input type="checkbox"/> 10 week sessions: \$325 <input type="checkbox"/> 10 week sessions + T-Shirt: \$340</p> <p><u>Returning Clients Standard Price:</u> <input type="checkbox"/> 10 week sessions: \$375 <input type="checkbox"/> 10 week sessions + T-Shirt: \$390</p>	<p>Payment Method: (check one) <i>(A 3.75% service charge is added for credit transactions.)</i></p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cash <input type="checkbox"/> Check (Checks payable to Preston Basketball Skills Academy)</p> <p style="background-color: yellow;">RETURN PAYMENT TO: Preston Basketball Skills Academy PO Box 2074, Alliance, OH 44601 -OR- Scan Copy to: CoachBrookePreston@gmail.com</p>

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: ()

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 and bring payment to 1st session. **QUESTIONS: Call/Text Brooke at (330) 323-0806.**