

PRESTON BASKETBALL SKILLS ACADEMY



MONDAY JANUARY 21ST

HYRE MIDDLE SCHOOL

**2385 Wedgewood Drive
Akron, OH 44312**

\$125

BOYS & GIRLS

SEPARATE DIVISIONS

Grades 3/4, 5, 6

Team Name: _____

School: _____

Grade (circle): 3 4 5 6 Gender: Boys Girls Level of skill (circle): 1 2 3 4 5
low high

Amount Enclosed: \$125 - Standard Rate (due 1/13/19)

Make checks payable to:
Preston Basketball Skills Academy

SEND THIS FORM AND CHECK TO:

Preston Basketball Skills Academy
PO Box 2074, Alliance, OH 44601

-OR-

Register Online at:

www.PBSAtraining.com

Head Coach: _____ Phone: _____

Coach's Email: _____

Address: _____ City: _____ Zip: _____

I am aware of the nature of this activity and I hereby assume all responsibility for my team to participate in this event. 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 a completed consent form must be in the possession of Brooke Preston (or her associates) prior to participating in this event. I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, or video footage of the team 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.

Coach's Signature: _____ Date: _____

Questions? Please contact Brooke Preston at (330) 323-0806 or CoachBrookePreston@gmail.com