

Preston Basketball Skills Academy



Private/Individual Registration Form



Return to: Preston Basketball Skills Academy P.O. Box 2074 Alliance, OH 44601

Participant's Name _____ Age _____

Address _____ Date of birth _____

City _____ State _____ Zip _____ Grade _____

Parent/Legal Guardian's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

IN CASE OF EMERGENCY

Contact # 1 Name _____ Contact # 2 Name _____

Address _____ Address _____

Home # _____ Home # _____

Cell # _____ Work # _____ Cell # _____ Work # _____

Participant's Allergies: _____

Name of Participant's Physician _____

Physician's Telephone _____

I am aware of the nature of this activity and I hereby assume responsibility for _____
(Participant's Name)

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 prior to participation in this program.

Payment Options (Circle One): Due by Friday, March 11th

First Time Sign Up Individual Registration Rate.....\$325 (\$50 off ten private sessions)

Individual Private Rate..... \$375 (ten 1-on-1 private sessions)

Payment Method (Circle One): A 3.5% service charge is added for credit transactions.

VISA MASTERCARD CASH CHECK (made payable to Preston Basketball Skills Academy)

Credit Card Authorization Form:

Name on Card: _____ Card Number: _____

Expiration Date (MM/YY): _____ 3 Digit Security Code: _____ Signature: _____

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