

# Registration Form - Girls

There is also on-line registration available for those who would prefer to pay by credit card. Please visit web-site.  
 Deposit Must Accompany Application Form (there is only a deposit for programs costing over \$100.00)



## STEP 1: Enter Personal Information Please print clearly.

FIRST NAME	LAST NAME	BIRTHDATE / /	AGE	GRADE (present or rising)
STREET ADDRESS		CITY	STATE	ZIP
HOME PHONE	CELL PHONE	WORK PHONE		
PARENT E-MAIL (very important)		ATHLETE E-MAIL (very important)		
PARENT/GUARDIAN FULL NAME	SPOUSE'S FULL NAME	ADDITIONAL PHONE NUMBER		
NAME OF SCHOOL ATTENDING (present or rising)	HEIGHT	HOW DID YOU HEAR ABOUT THE <i>Virginia Basketball Academy</i> ?		

## STEP 2: Decide on "TEAM DISCOUNT" Come in a group of five (5) or more and receive up to 30% off regular price.

**\*30% OFF** any "day" program, **20% OFF** any "day" program with overnight option, **10% OFF** any overnight program.  
 \*"Team Discount" good for any team/group of five (5) or more. **Find four (4) or more teammates, list names here & pay discounted price.**  
 \*Make sure to organize your group immediately as spots will fill quickly with groups signing up.  
**\*ALL FOUR (4) OR MORE TEAM MEMBERS MUST ATTEND OR REGULAR PRICE WILL BE DUE.** Discounted prices are listed in red .  
 Yes, I will be taking advantage of the "Team Discount." My FOUR (or more) teammates are listed here (first & last names).

## STEP 3: Select a Teaching Program Check the program(s) you will be attending. Make sure to *carefully* read all available options.

**FREE TRIAL! One-session, "VDBL Prep" Trial ON SATURDAY, SEPTEMBER 18TH**

**FALL ACADEMY I & II (Combo option, 7 weeks) \*Best deal!**  
**\*Saturdays, Sept. 18, 25, Oct. 2, 9, 16, 23, 30, Girls, Covenant Lower School, 250 Bypass.....\$110**  
 \*Girls, Grades 7 - 12, 11:00 am - 12:00 pm (Please arrive 15 mins early)

**FALL ACADEMY I (3 weeks)**  
**\*Saturdays, Sept. 18, 25, and Oct. 2, Girls, Covenant Lower School, 250 Bypass.....\$65**  
 \*Girls, Grades 7 - 12, 11:00 am - 12:00 pm (Please arrive 15 mins early)

\*You may sign in and attend individual Saturday sessions at \$25.00 per session.

Please indicate date of individual session(s) above.

**FALL ACADEMY II (4 weeks)**  
**\*Saturdays, Oct. 9, 16, 23, 30, Girls, Covenant Lower School, 250 Bypass.....\$78**  
 \*Girls, Grades 7 - 12, 11:00 am - 12:00 pm (Please arrive 15 mins early)

\*You may sign in and attend individual Saturday sessions at \$25.00 per session.

Please indicate date of individual session(s) above.

**STEP 4: Complete Medical & Insurance Information**

To be completed by Parent or Guardian and submitted **prior** to participation.

NAME ON INSURANCE CARD <b>REQUIRED!</b>		ATHLETE'S SOCIAL SECURITY # (optional)	
NAME OF INSURANCE COMPANY <b>REQUIRED!</b>		POLICY NUMBER <b>REQUIRED!</b>	
ADDRESS OF INSURANCE COMPANY	CITY	STATE	ZIP
<input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE		POLICY NUMBER	
LIST ALL MEDICATIONS ATHLETE IS CURRENTLY TAKING.		LIST ALL MEDICAL CONDITIONS CURRENTLY UNDER TREATMENT	
NAME OF EMERGENCY CONTACT (other than parents)		EMERGENCY PHONE	

**STEP 5: READ & SIGN PARENTAL CONSENT FORM**

**CONSENT TO MEDICAL TREATMENT AND RELEASE OF LIABILITY**

**This section must be signed to participate.**

In consideration of being allowed to participate in this Camp/Clinic/Academy, I hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** the *Virginia Basketball Academy* and its officers, servants, agents, or employees (hereinafter referred to as **RELEASEE**) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE**, or otherwise, while participating in this Camp/Clinic/Academy, or while in, on or upon the premises where the Camp is being conducted.

To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with the Camp's activities. I am fully aware of the risks and hazards connected with this Camp. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSON INJURY, INCLUDING DEATH**, that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the Camp's activities, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE** or otherwise.

During the period of the Camp/Clinic/Academy, I hereby give permission for the staff of the *Virginia Basketball Academy* to administer appropriate medical attention to me/my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns a personal representative, if I am deceased, and shall be deemed as a **RELEASE WAIVER**, this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Virginia. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete considerations fully intending to be bound by same.

**I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

SIGNATURE of PARENT or GUARDIAN **X** \_\_\_\_\_ DATE \_\_\_\_\_

**STEP 6: CONSIDER A DONATION TO OUR SCHOLARSHIP PROGRAM**

The *Virginia Basketball Academy Foundation* is a non-profit foundation whose goal is to provide opportunities for those youth in our community lacking financial means to participate in our camps, academies, clinics and leagues through our Scholarship Program. We ask those with financial means to assist in our cause by making a donation and helping others. Any gift, however small, is needed and appreciated for us to serve our purpose. This is a need-based program. All gifts are tax-deductible; your donation will go directly toward providing a scholarship opportunity to a less-fortunate youth in our community. Thank you!

**YES**, I would like to make a donation to the Scholarship Program in the amount of \$ \_\_\_\_\_.

*\*Please add the amount of your donation to the Registration Cost of the program(s) you signed up for - indicate in your notes on the check the amount of your donation! THANK YOU, IN ADVANCE, FOR YOUR GENEROSITY.*

**STEP 7: MAKE PAYMENT & CONFIRM COMPLETION OF REGISTRATION INFORMATION**

A minimum \$100.00 non-refundable deposit must accompany registration form.  
 Make checks payable to "Virginia Basketball Academy" (a 501c3/non-profit organization)



**Method of Payment**

Deposit Enclosed (\$100.00)  
 \*Will pay balance at the door

Full Payment Enclosed  
 in the amount of \$ \_\_\_\_\_

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DO NOT Write Below!

\$ \_\_\_\_\_

Check #: \_\_\_\_\_

Date: \_\_\_\_\_

**VERY IMPORTANT!**

All camp registrations must be accompanied by your Medical & Insurance Information, your signed Parental Consent section, and either a minimum deposit (\$100.00) or full payment.

YES, Medical & Insurance information completed.

YES, Parental Consent section read & signed.

YES, \$100.00 deposit       Full payment enclosed.

*Mail all forms to the following address:*  
**Virginia Basketball Academy** (a 501c3/non-profit organization)  
**P.O. Box 2438, Charlottesville, VA 22902**