3rd Annual HABCA Alodia Fall Shootout – September 24th

Registration Deadline: September 12

www.alodiasports.com

Name: _____

Address: _____ **City, State, Zip Code:** _____

Contact Email Address: _____

Contact Phone Number: _____ **Date of Birth:** _____

School Attending: _____ **Grade:** _____

Parent's Names: _____

Emergency Contact Information: _____

WAIVER OF CLAIMS: I, as a parent or guardian, hereby give permission for my child to participate in the Alodia Basketball Academy event and acknowledge the fact that he is physically able to participate in these activities. I hereby authorize the directors and instructors of Alodia Basketball Academy to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my son. I hereby waive any claim I might have against Alodia Basketball Academy and the institution providing the facilities. I further hereby authorize any photos of my child to be used for any and all publicity and marketing purposes, as deemed appropriate by Alodia Basketball Academy.

Signature of parent or guardian: _____**Date:** _____

Alodia Basketball Academy
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