

# **SOUTH FLORIDA YOUTH BASKETBALL ASSOCIATION**

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## **ALL STAR ACADEMY Registration Form**

Camper's Name:

Age:

Address:

City, State:

Zip Code:

Parent/Guardian Name:

Contact Phone Number(s):

Parent/Guardian Name:

Contact Phone Number(s):

E-Mail Address  
for Registration Conformation:

**Monday August 9<sup>th</sup> – Thursday August 12<sup>th</sup>  
Lessons will begin at 9am and end at 3pm  
@ Glades Middle School: 16700 SW 48<sup>th</sup> Court . Miramar, FL 33027**

### **Entry Fee = \$150.00**

Space is limited. Payment in full is required to reserve a spot. First come, first served. Refunds will be issued minus a \$25 reservation fee.

All checks should be made payable to:  
**South Florida Youth Basketball Association**

Mail Registration Form with Payment to:  
**SFYBA  
PO BOX 297924  
Pembroke Pines, FL 33029**

**All participants who mail their registration form and payment AFTER August 5<sup>th</sup>  
must contact Adrian Sosa @ (678) 923-8707.**

# Waiver and Release of Liability

Please read carefully.

This document is a waiver and release of liability. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned does hereby release, acquit and forever discharge South Florida Youth Basketball Association and their officers, directors, Partners, agents, sponsors, employees, coaches, trainers, players, counselors, physicians, insurers, successors and assigns and all other persons, organizations, and corporations affiliated therewith (collectively referred to as the "Releasees"), and each of them, of and from any and all liability, claims, demands damages, actions or causes of action, suits or causes of suit, arising from or involving, in whole or in part, the negligence or gross negligence of any one or more of the Releasees, that undersigned has now or may have in the future by reason or any cause or thing whatsoever which has occurred or might occur in the future, and specifically, without limitation of the foregoing, of and from any and all claims for property damage or personal injury, death, disability, loss of income or other damages arising out of or relating to the undersigned's minor child's participation in the All-Star Academy.

Name:

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Address:

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City:

State:

Zip Code:

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Phone:

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**Signature:**

**Date:**

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**Mail to:  
SFYBA  
PO BOX 297924  
Pembroke Pines, FL 33029**

**For more information call Adrian Sosa @ (678) 923-8707**