

SOUTH FLORIDA YOUTH BASKETBALL ASSOCIATION

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): _____
Email Address
for Registration Confirmation: _____

Monday June 27th - Thursday June 30th
Lessons will begin at 9am and end at 3pm
@ University School of NSU: 3375 SW 75th Avenue, Ft. Lauderdale, FL 33314

Entry Fee= \$175.00

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 June 24th must contact Adrian Sosa @ (678) 923-8707.

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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: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Signature: _____ Date: _____

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

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