



INDIANA PACERS "PLAY-TO-WIN" HOLIDAY CLINIC

Powered by The National Basketball Academy



Winter Break is here! Use this break to increase your skills in every area of the game! This clinic will cover all the different elements needed to be successful and improve, not only as an individual, but also as a teammate. We will also have a variety of competitions to demonstrate team work. Boys and girls, ages 8-16, of all skill levels are welcome and will be pushed by our high level coaching staff! All participants will receive a t-shirt and a FREE ticket to watch the Pacers in action this season!!! Join us this winter for the Pacers Clinic experience! During this year's Winter Break, use the time as a chance to increase your basketball skills!

www.pacerscamps.com to register online / Call Adam Branch 317.452.0349 for more information.

REGISTRATION FORM

**Indiana Pacers
"Play-to-Win"
Holiday Basketball Clinic**

**Dec. 27-29, 2017
10:00am-1:00pm**

**The Gathering Place
1495 West Main Street
Greenwood, IN 46142**

Boys and Girls, ages 8-16

COST: \$110

PRE-REGISTER ONLINE OR BY MAIL.

OR BRING THIS COUPON PLUS PAYMENT TO THE EVENT (SUBJECT TO ROOM AND AVAILABILITY)

Please complete this registration form, including parent or guardian signature, and send to:

The National Basketball Academy, 34650 Melinz Parkway, Eastlake, OH 44095

Make all checks payable to: The National Basketball Academy

ALL SALES ARE FINAL. NO REFUNDS OR EXCHANGES WILL BE ISSUED.



*Please note all credit cards will be subject to an additional service charge of 4% of the total dollar transaction.

Child's Name _____
 Parent or Guardian Name _____
 Address _____
 City/State/Zip _____
 Home Phone _____ Parent's Work Phone _____
 Parent's Cell Phone _____ Child D.O.B. (MM/DD/YY) _____ Grade _____
 E-mail _____
 Credit Card # _____ Exp. Date _____ 3-Digit Security# (on back of card) _____

The SIGNER grants permission to The National Basketball Academy, the Indiana Pacers, the NBA (and its designees and agents) to utilize the Signer's child's image, likeness, actions and statements in any live or recorded audio, video, or photographic display or other transmission, exhibition, publication or reproduction made of, or at, the Event in any medium or context without further authorization or compensation.

We, the undersigned, do hereby consent to our child's participation in the Indiana Pacers program. Our child is in good health and can participate in all activities. Therefore, in consideration for the services to be performed by the National Basketball Academy and the Indiana Pacers, I/we do further release their agents and employees and any others associated with the camps from any and all claim or liability to us or our child for any damages or injuries which may be sustained by our child in connection with the Indiana Pacers program.

In the event that reasonable attempts to reach parents/guardians at phone numbers listed have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by _____ (preferred physician and phone) or by another licensed physician or the transfer of child to nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to performance of surgery.

Parent or Guardian Signature _____

Parent or Guardian Signature _____

Questions? Contact:

Adam Branch · abranche@thebasketballacademy.com · 317-452-0349
 David Westberry · dwestberry@thebasketballacademy.com · 317-452-0349

**FOR UP-TO-DATE INFO AND TO REGISTER VISIT:
www.PacersCamps.com**

The National Basketball Academy, 34650 Melinz Parkway, Eastlake, OH 44095 · 216-378-0932

USA BASKETBALL DOES NOT IN ANY WAY CONTROL OR OPERATE THE ACTIVITIES OF ANY USA BASKETBALL YOUTH ORGANIZATION, TEAM OR LEAGUE.

