



# EASTERN SHORE Basketball Academy

## 2020 REGISTRATION

Athlete's name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

*Please check the clinic(s) your child will attend:*

Future Stars Clinic (ages 5-9)	\$125.00	_____
Strength & Conditioning Basketball Clinic (ages 11-17)	\$240.00	_____

Payments are accepted at MillerFamilyAthletics.com or via check made out to Eastern Shore Basketball Academy and mailed to 224 Winterberry Dr. Dover, DE 19904. Please be advised full payment must be made to reserve your child's spot in chosen clinic. Full refunds will only be issued prior to the first day of clinic and will take 2-4 weeks to process.

All of ESBA programs consists of physical activity with various levels of intensity. My child has my permission to participate in the selected program. I have made the owners of ESBA aware of all medical conditions and/or allergies that may affect my child during the sessions. I have read and agree to ESBA's refund policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photography Waiver

I hereby give Eastern Shore Basketball Academy permission to photograph/video \_\_\_\_\_ for publicity purposes on ESBA Facebook and MillerFamilAthletics.com.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_