

*"I can do all things through Christ who strengthens me". Ph.4:13*



Callie Boyles-Tarleton



Kendall Ellig-Rice



Alexia Standish-  
TX A&M & TCU



Sydney Goodson-Texas Tech

**WEST TEXAS BASKETBALL ACADEMY**

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ AGE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ PARENT NAME (DAD) \_\_\_\_\_ (MOM) \_\_\_\_\_

E-MAIL \_\_\_\_\_ CELL \_\_\_\_\_

**Very Important-Communications & updates about sessions will be sent & confirmed by e-mail)**

HOME PHONE \_\_\_\_\_

*I agree to conform to the rules and regulations of WTBA* \_\_\_\_\_

Student Signature

**PLEASE CHECK ONE OF THE OPTIONS BELOW**

\_\_\_\_\_ **\$1,995 VARSITY PLAN (20 GROUP SESSIONS)**

\_\_\_\_\_ **\$5,995 COLLEGE PLAN 1 (68 GROUP SESSIONS/18 SEMI-PRIVATE/  
NOAH PRO SHOOTING/ 2 COLLEGE SCRIMMAGES)**

\_\_\_\_\_ **\$9,850 COLLEGE PLAN 3-UNLIMITED-ONE YEAR OF SESSIONS**



Antoinette Thompson TCU

**Release of Liability-We as parents or guardian of the above mentioned boy/girl, hereby grant permission to participate in the West Texas Basketball Academy and acknowledge the fact that he/she is physically able to participate in session activities. We hereby release the facility, where the lessons will be taught, and its employees from all claims from injuries or illnesses which may be sustained by our son/daughter and authorize the director or his designee to select hospital facilities and/or physician of his choice and authorize treatment of the above named student on an emergency basis in the event such treatment becomes necessary while attending basketball sessions. I understand that the fee I pay is non-refundable unless specified otherwise by the Director.**

\_\_\_\_\_ **Parent or Guardian Signature**