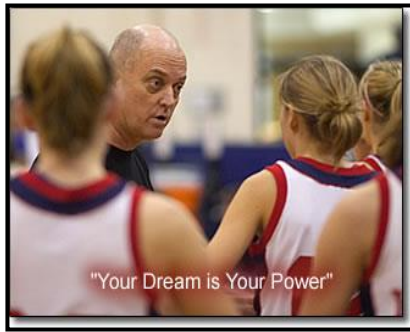


"I can do all things through Christ who strengthens me". Ph.4:13



Whitney Hand-OU



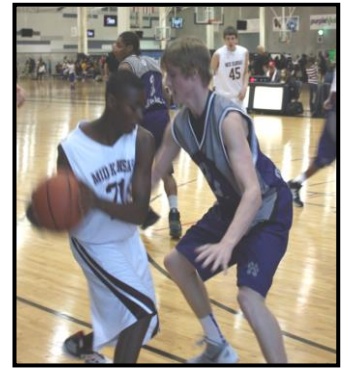
Coach Ratliff

Kirsti Wallace-UT-Tyler



Alexia Standish-Tx. A&M

Now at TCU



Jared McAda-Boswell HS

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/18 NOAH PRO SHOOTING/ 2 COLLEGE SCRIMMAGES)**

_____ **\$7,995 COLLEGE PLAN 2 (90 GROUP SESSIONS/36 SEMI-PRIVATE/ NOAH PRO SHOOTING)**

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



Delisa Gross 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