

## Syracuse Select Basketball Academy Includes:

\* One T-shirt

\* Shooting Basketball

\* Dribble Goggles

\* Shawn Pudney Basketball Skills Workout Book

**Players Name:** \_\_\_\_\_

**Player Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Grade Fall of 2010:** \_\_\_\_\_

**Date of Birth/age:** \_\_\_\_\_

**Mon. / Wed. - 7:30am - 8:45am**

**Wed. / Sun. - 6:00pm - 7:15pm**

**Wed. / Sun. - 7:15pm - 8:30pm**

**If you are signing up for Multiple Sessions,**

**Check all Boxes that Apply**

A \$275 non-refundable, nontransferable deposit is due with your application. I, the undersigned, agree my son/daughter is physically fit in strenuous athletic activity, and waive Syracuse Select and Patrick Shawn Pudney, and its officers and employees of any and all responsibility for injury or illness.

I hereby authorize the director of Syracuse Select to act for me according to their best judgement in any emergency requiring medical attention. I also understand that I am solely responsible for the payment of any such medical expenses.

**Signature of Parent/Guardian:**

Amount Enclosed: \_\_\_\_\_

Check \_\_\_\_\_ Visa Mastercard \_\_\_\_\_

Please complete this form and mail, with your payment to:

Syracuse Select Basketball Academey

8334 Parker House Path

Cicero, New York 13039