

INDIANA PACERS



SPRING TRAINING BASKETBALL CLINIC

Powered by The National Basketball Academy

March 26-28, 2018 · 10:00 AM-1:00 PM
The Gathering Place, 1495 West Main Street, Greenwood, Indiana 46142

Boys and Girls ages 7-16

The Indiana Pacers Basketball Clinics are an excellent way for boys and girls of all ages to improve their game and have a blast at the same time. All aspects of the game will be covered in this time to make all that are involved a more complete basketball player. We hope you join us to get ready for upcoming Spring leagues and AAU tournaments! All participants will receive a FREE ticket to a Future Indiana Pacers Basketball Game!

Cost: \$110

Registration includes a t-shirt and a ticket to a future Pacers home game!*

For more information contact:

Adam Branch · abranch@thebasketballacademy.com · 317-452-0349
David Westberry · dwestberry@thebasketballacademy.com · 317-617-7015

*A limited number of additional tickets will be available to purchase so family and/or friends can attend the game with your child.

REGISTER TODAY!!
www.TNBABasketball.com/Pacers

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www.TNBABasketball.com/Pacers to register online / Call 216.378.0932 for more information.

REGISTRATION FORM

Indiana Pacers
Spring Training
Basketball Clinic

March 26-28, 2018
10:00 AM-1:00 PM

The Gathering Place
1495 West Main Street
Greenwood, Indiana 46142

Boys and Girls ages 7-16

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 _____ Gender: M / F

Parent or Guardian Name _____ Child T-shirt Size: YM / YL / AS / AM / AL / AXL / AXXL

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) _____

Amt. charged to card \$ _____

The SIGNER grants permissions to The National Basketball Academy, the Indiana Pacers, the NBA (and its designees and agents) to use 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 content without further authorization or compensation.

We, the undersigned, do hereby consent to our child's participation in the Indiana Pacers event. 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 event 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 event.

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 _____