



MISSION STATEMENT

Vision Basketball Academy is a non-profit organization serving the youth of the San Francisco Bay Area. We welcome individuals who strive for excellence on and off the basketball court. Vision Basketball Academy's mission is to provide members with a high quality, innovative program that will help develop key fundamental and mental skills needed in basketball and in everyday life. Vision Basketball Academy strongly emphasizes the importance of academic achievement, teamwork, short and long-term goal setting, integrity, character, leadership, a positive work ethic and most importantly a positive attitude. We will strive to have our members reach their maximum potential as basketball players today and leaders of the world tomorrow.

Vision Basketball Academy

A Certified Amateur Athletic Union Program



www.visionbasketball.org



www.VISIONBASKETBALL.org

\$80 a month, per player. Due on 1st of each month September through August
Start-up cost is \$150.00 (due at first team practice & includes 1st month)
Renewal cost is \$75

- **Home/Away Uniform Sets**
- **A minimum of 2 AAU Tournaments per month**
- **AAU Card & Insurance** (good from August to August)
- **Indoor Practice Facilities**
- **Certified Coach (Trainer)**
- **Elite Coaching**
- **Top Notch Training**
- **Higher Learning**
- **Advanced Basketball Terminology**
- **Student Athlete Scholarship Opportunity**
- **Recruiting Guidance, Handling & Support**
- **End of the season Bar B Que/ Party**

Please make check payable to

Vision Basketball Academy

Register online at www.visionbasketball.org

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GENDER:

MALE

FEMALE

PARTICIPANT INFORMATION

LAST: _____ FIRST: _____ MIDDLE: _____ NICKNAME: _____

PRIMARY ADDRESS: _____
STREET CITY ZIP

DATE OF BIRTH: ____/____/____ GRADE: ____ SCHOOL ATTENDING: _____

DOES THE CHILD HAVE ANY MEDICAL CONDITION(S) WHICH COULD AFFECT HIS/HER PARTICIPATION IN BASKETBALL? YES / NO
IF YES, PLEASE EXPLAIN: _____

PARENT/GUARDIAN INFORMATION

MOTHER/GUARDIAN'S NAME: _____

FATHER/GUARDIAN'S NAME: _____

HOME PHONE: (____) _____ - _____

HOME PHONE: (____) _____ - _____

CELL PHONE: (____) _____ - _____

CELL PHONE: (____) _____ - _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

ADDRESS (IF DIFFERENT FROM ABOVE): _____

STREET CITY ZIP

STREET CITY ZIP

EMAIL ADDRESS: _____

EMAIL ADDRESS: _____

(TO BE USED FOR CORRESPONDENCE)

(TO BE USED FOR CORRESPONDENCE)

EMERGENCY CONTACT INFORMATION

HEALTH INSURANCE COMPANY: _____

POLICY #: _____

EMERGENCY CONTACT (OTHER THAN PARENT):

NAME: _____ RELATIONSHIP: _____ PHONE: (____) _____ - _____

AGREEMENT WAIVER

I hereby waive, release and discharge any and all claims for damages for the personal injury, death, or property damage which I may have, or which hereafter accrue to me, as a result of participation in basketball practices and/or basketball competitions in all its forms. The release is intended to discharge in advance, the AAU team (*Vision Basketball Academy*), it's coaches or volunteers from any and all liability arising out of or in any way connected with my participation in said activity. It is understood that the activity involves an element of risk and danger of accidents and knowing those risks, I assume those risks. It is further agreed that this waiver, release, and assumption of risk, is to be binding on my heirs and assigns. I agree to indemnify and to hold the *Vision Basketball Academy*, all persons and entities associated with the (*Vision Basketball Academy*), free and harmless from any loss, liability, damage, cost or expense, in which they may incur as a result of my death, injury or property of damage that I may sustain while participating in the above activity. I also give the AAU team (*Vision Basketball Academy*), it's coaches or volunteers the right to copyright and/or publish, reproduce, or otherwise use my child's name, voice, and likeness and/or photographs, and audiovisual recordings that include my child for instruction, advertising, program website, publications or brochures, or any other lawful purpose whatsoever. I hereby agree to relinquish all rights, title and interest I may have in the finished product and waive all rights to any compensation thereof.

PARENTAL CONSENT

I hereby consent that my child may participate in the above activity, and hereby execute the above agreement, release and waiver on his behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense, which may arise or may be incurred as a result of death, injury, or property damage that said minor may sustain while participating in said activity. Undersigned further expressly acknowledges that the foregoing agreement, waiver, and release form is intended to be as broad as is permitted by the laws of the State of California and that if any portion thereof is held invalid, it is agreed that the balance notwithstanding, continue in full legal force and effect. Undersigned agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



www.VISIONBASKETBALL.org

Uniform & Gear Order Form

Players Name:	
Team:	8U 9U 10U 11U 12U 13U 14U 15U JV Varsity Boys____ Girls____
Coach's Name:	
Name on Jersey:	(please print)
Jersey Number:	(select three numbers in order or preference) 1 st _____ 2 nd _____ 3 rd _____
Top Size	Adult Size: XS____ S____ Med____ Large____ XL____ XXL____
Shorts Size	Adult Size: XS____ S____ Med____ Large____ XL____ XXL____
Hoody Size	Adult Size: XS____ S____ Med____ Large____ XL____ XXL____
T-Shirt Size	Adult Size: XS____ S____ Med____ Large____ XL____ XXL____

2018-2019 Season Uniform Pricing:

Full Set: \$100

Replacement Jersey: \$50

Replacement Shorts: \$50

Shooting Shirt: \$65

Hoody: \$40

T-Shirt: \$20

Parent's Name: _____

Phone # _____

Email: _____

Make check payable to: Vision Basketball Academy

Or pay using Venmo @visionbball | PayPal admin@visionbasketball.org