



The National Basketball Academy



Achievement Centers for Children

December 27-29, 2011
1:30pm - 2:45pm

Boys & Girls ages 5-20 (flexible)

Mandel Jewish Community Center
26001 South Woodland Road
Beachwood, OH 44122

Cost: \$95
JCC Members \$90

Includes a Cavs ticket and t-shirt

MICHAEL CARTER
Special Needs... Advocate. Consult. Collaborate.

Everyone Wins Holiday Clinic

For kids with special needs



Three day clinic designed to give everyone the opportunity to enjoy basketball this holiday season.

Join us for three days of fun!

BASKETBALL CLINIC REGISTRATION FORM

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

EVERYONE WINS HOLIDAY CLINIC
DECEMBER 27-29, 2011
1:30PM - 2:45PM

BOYS & GIRLS IN AGES 5-20 (FLEXIBLE)

MANDEL JEWISH COMMUNITY CENTER
26001 SOUTH WOODLAND ROAD
BEACHWOOD, OH 44122

COST: \$95
INCLUDES A CAVS TICKET, T-SHIRT AND PICTURES!

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, 27600 Chagrin Blvd., Suite 450, Woodmere, OH 44122

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 _____ Primary Disability _____

Parent or Guardian Name _____

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 permission to The National Basketball Academy, the Cleveland Cavaliers, the NBA (and its designees and agents) to utilize 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 context without further authorization or compensation.

We, the undersigned, do hereby consent to our child's participation in the Cleveland Cavaliers camp. 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 Cleveland Cavaliers, I/we do further release their agents and employees and any others associated with the camps 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 Cleveland Cavaliers camps.

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 _____