

# Indiana Pacers Black Friday Basketball Clinic

November 24, 2017  
10:00AM-1:00PM

Incrediplex  
6002 Sunnyside Road  
Indianapolis, IN 46236

Boys and Girls, ages 7-15

Cost: \$65

Includes t-shirt and a ticket to a future Pacers home game!

Black Friday is the biggest shopping day of the year!!! Before all the parents go off to steal the deals, drop your kids off with us so they can learn how to be a better basketball player and have a blast doing it. Show the coaches the athletes spent time on their game during the holiday! The boys and girls will learn a variety and competitions a drills to make them a more complete basketball player!

**EXTENDED PICK-UP TIME!** We understand the stores can get a little crazy and you may get caught up in the lines. So we have a special extended pick up period to make everything more flexible for you. The clinic will run from 10:00am-1:00pm and then the gym will remain open from 1:00pm-2:00pm with the coaching staff. The coaches will run the kids through different games and shooting drills and you may pick them up at any point during this time! This way you have a much larger time frame for pick up, so you do not need to stress!

For more information contact:

Adam Branch · [abranch@thebasketballacademy.com](mailto:abranch@thebasketballacademy.com) · 317-452-0349

David Westberry · [dwestberry@thebasketballacademy.com](mailto:dwestberry@thebasketballacademy.com) · 317-452-0349



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**www.pacerscamps.com to register online / Call Adam Branch 317.452.0349 for more information.**

## REGISTRATION FORM

**Indiana Pacers  
Black Friday Basketball Clinic**

**Friday, Nov. 24, 2017  
10:00AM-1:00PM**

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6002 Sunnyside Road  
Indianapolis, IN 46236**

**Cost: \$65**

**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 \_\_\_\_\_

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) \_\_\_\_\_

The SIGNER grants permission to The National Basketball Academy, the Indiana Pacers, 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.

Amt. charged to card \$ \_\_\_\_\_

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

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 \_\_\_\_\_