



## SEPTEMBER TRAINING

**SLOTS AVAILABLE**

**MONDAY THRU FRIDAY**

**5:00PM-9:00PM**

**SUNDAY 4:00PM-7:00PM**

\*\*\*These training times are 60 minutes in length.

\$150 Personal Training

\$230 Partner (2 People)

\$285 Three People

\$340 Four People

\$500 Ten People

### Location:

Kingdom Ministries, 3000 Miller Road, Lansing MI

**Coach Marcus Wourman :: (517) 575-2151**

**www.prospectorsbasketball.com :: www.bballuniversity.org**

### Registration Process — September Training

Methods of Payment:

Checks-Money Orders

Mail Checks Made Payable To: Marcus Wourman

PO Box 16159

Lansing, MI 48901

Basketball Experience: ☐ Rec. ☐ Red Cedar ☐ AAU

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Ph: \_\_\_\_\_ Age \_\_\_\_\_

Team \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Email Address \_\_\_\_\_

Money Order/Check # \_\_\_\_\_

or send payment via Venmo @Marcus-Wourman

I \_\_\_\_\_ the undersign, submit that my son/daughter is physically fit and able to (Print parent/guardian's full name) participate in strenuous activity and for myself, my spouse, my son/daughter, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY HOLD HARMLESS, FULLY INDEMNIFY AND RELEASE Basketball University Sports & Events LLC from any and all liabilities, claims, damages, costs, including attorney fees and cause of action which may arise from any claim or cause of action made by me, through me, or on my behalf incident to my involvement or participation in this program or event EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AGREE TO ABIDE BY THEM, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I hereby authorize the event personnel and/or directors to act on my behalf in the event of a medical emergency. I understand I am solely responsible for all medical expenses incurred and agree to provide proof of medical and/or accident insurance upon request.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## PROSPECTORS BASKETBALL

**Prospectors Basketball has been one of the top AAU programs in the state of Michigan for 15 years and counting!**

We provide coaches that are prompt, prepared, and knowledgeable about creating practice and training plans, and understand the importance of in-game strategy!

**Learn more at [prospectorsbasketball.com](http://prospectorsbasketball.com).**

**WE TEACH — WE TRAIN — WE PREPARE — THEN WE PLAY!!**