



REGISTRATION AND WAIVER FORM *(Print Legibly)*

This form is for athletes who are planning on trying out for an upcoming HBC team. Please fill out form completely so we can be prepared with all the information we'll need for tryouts. Athletes signed up for tryouts will be posted on our TEAMS page.

PLAYER INFORMATION:

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Your School: _____ **Grade:** _____ **Height:** _____

Date of Birth: _____ **Gender:** M F **Position:** _____

Additional Comments: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ **Phone:** _____

Parent/Guardian Email: _____

PARENT/GUARDIAN PERMISSION RELEASE TO PARTICIPATE:

***** MUST BE FILLED OUT BY PARENT OR GUARDIAN! *****

Waiver and Consent:

I understand that my participation in HOOPZONE Basketball Club involves risks and dangers of serious bodily injury or death. I, or my parent/guardian if I am a minor, hereby release, hold harmless, discharge or agree not to sue HOOPZONE Basketball, Coaches, Volunteers, Owners/Lessors of Premises for all liability from my participation in this activities. I clearly understand that by entering my athletes name on this form that I am assuming all risk for any injury on or off the court during her involvement.

Permission:

I hereby grant HOOPZONE Basketball full permission to use for publicity and advertising purposes, any photographs or videos taken of participants at their events. Any photographs/videos taken will remain the property of HOOPZONE Basketball only. As the athlete and/or the parent/guardian of this athlete we agree with HOOPZONE Basketball Athletic Code and Rules. By signing this form we acknowledge that we have read and understand this information.

Parent/Guardian Full Name: _____

Parent/Guardian Signature: _____