

HOOPZONE Basketball

CAMP / EVENT REGISTRATION FORM (Please print legibly)

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone _____

E-Mail (print) _____

Parent/Guardian _____

Gender (circle one) Male Female School You Attend _____

Grade (in or going into) _____ T-Shirt Size (circle) YS YM YL AS AM AY AXL

Comments/Medical Information _____

PARENT/GUARDIAN PERMISSION RELEASE TO PARTICIPATE:

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: _____

Thank you for registration with HOOPZONE BASKETBALL!