

Beyond the Hoop Basketball Program

Registration and Waiver Forms



Date _____ 2018 *Tryout # _____ *

Childs Name _____ Birth Date _____

Address _____ City _____

State _____ Zip _____ Phone _____

Current grade _____ School _____

Email Address _____

Authorizing Parents Name: _____

Address (If different) _____

City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact: _____

Phone _____ Email _____

I hereby grant permission and/or approval for the participation of my child in the Beyond the Hoop Basketball Program

Signature _____

Date _____

Print Name: _____

Has your son played for the Beyond the Hoop basketball program before? Yes No

PLEASE SELECT A UNIFORM SIZE

Uniform Size: Youth S M L or Adult S M L (circle one)

Beyond the Hoop Basketball Program

WAIVER OF LIABILITY

Participant's Name: _____

I approve of my child's participation in the *Beyond the Hoop* basketball program and hereby grant my permission for him/her to participate in activities of the program including participating in tryouts, clinics, training, team practices, games and scrimmages against other teams.

I will not hold *Beyond the Hoop* nor its officers, directors, team managers, administrators, staff or coaches liable for any injury that may occur during the conduct of its activities. I also understand that *Beyond the Hoop* provides neither hospitalization nor any type of accident insurance for its participants.

Beyond the Hoop, its officers, directors, administrators, managers, staff and coaches assume no liability for injury or damages arising from or as a result of my child's participation in its basketball program.

Due to the strenuous nature of some activities, the participant is urged to consult his/her physician concerning fitness to participate. All activities present certain inherent risks and hazards, which the participant is urged to consider and which the participant assumes.

In the event of an emergency, I hereby consent to emergency medical treatment for my child on my behalf. To the best of my knowledge, there are no physical or other conditions, which will interfere with my child's participation.

Parent/ Guardian Signature

Date

Parent/ Guardian Printed Name