

805 Hive (Just Hoop'n Basketball Academy Inc.)
Registration Form

Name of Player: _____

Date of Birth: ____/____/____ Age: _____ Current Grade: _____

Family Information:

Parent(s) Name: _____ Phone: _____

Address: _____ Cell: _____

Parent(s) Name: _____ Phone: _____

Address: _____ Cell: _____

Family Medical Insurance:

Carrier: _____ Policy Number: _____

Family Physician: _____ Phone Number: _____

Allergies: _____

Emergency Contact: _____

Phone: _____ Cell Phone: _____

Jersey Size (circle one) Youth: Small Medium Large Adult: Small Medium Large X-Large

Shorts Size (circle one) Youth: Small Medium Large Adult: Small Medium Large X-Large

Preferred Jersey Number: _____ **Alternate Jersey Number:** _____

Favorite Team: _____ Favorite Player: _____

Previous Basketball Experience/Years Played: _____

Goals: _____

Agreement, Waiver and Release

I _____ understand the description of activity for which we are registering and in consideration for being permitted by 805 Hive/(Just Hoop'n Basketball Academy Inc.) to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter occur to me as a result of participation in said activity. It is understood that this activity involves an element of risk and danger of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold the above 805 Hive/(Just Hoop'n Basketball Academy Inc.) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of my son's/daughter's death or any injury or property damage he or she may sustain while participating in the above said activity.

I hereby consent that my son/daughter, (name of child) _____ participate in the above activity, and I hereby execute the above agreement, waiver and release on his or her behalf. I state that the above said minor is physically able to participate in the above said activity. I hereby agree to indemnify and to hold the 805 Hive/(Just Hoop'n Basketball Academy Inc.) mentioned above free and harmless from any loss, liability, cost damage or expense which they may incur as a result of the death or any injury or property damage that the said minor may sustain while participating in above said basketball activity.

I have carefully read the agreement; waiver and release form and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the 805 Hive/(Just Hoop'n Basketball Academy Inc.) and I sign it of my own free will.

Parent/Guardian Signature

Parent/Guardian Name

Date

Medical Treatment Authorization

I, (Parent/Guardian) _____ give permission for my child (full name) _____ to participate in all activities associated with 805 Hive/(Just Hoop'n Basketball Academy Inc.). Furthermore, I authorize 805 Hive/(Just Hoop'n Basketball Academy Inc.) to arrange transportation in case of accident or acute illness of my child. In the event it is impossible to receive instruction from me for my child's care, consent is given to any licensed physician and/or surgeon called to whom my child is taken, for treatment by him to administer drugs and/or medication, and to perform surgical treatment as he shall think the existing emergency requires for the relief of pain and/or the preservation of my child's life and/or health and well-being. Any cost addition, I _____ agree to waive and release 805 Hive/(Just Hoop'n Basketball Academy Inc.) from any and all claims, costs, liabilities, expenses or judgments including attorney fees and/or court costs arising out of the participation of the above named minor in the basketball camps/programs or any illness, accident or injury resulting from said activity and hereby agree to indemnify and hold harmless 805 Hive/(Just Hoop'n Basketball Academy Inc.) from and against any and all such claims.

Parent/Guardian Signature

Parent/Guardian Name

Date