

Registration Form

Participant's Name _____ Date of Birth _____ Age _____

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Program Dates and Times _____

Parent/Guardian _____

Home # _____ Cell # _____ Work# _____

Address _____ City _____ Zip _____

E-mail address (please print clearly) _____

Emergency Contact Name and # _____

How did you hear about us? _____

Nothing But Hoops Waiver

By signing below, I hereby authorize the staff of Nothing But Hoops to act in my place according to their best judgment in case of an emergency or situation requiring medical attention. I understand that my participation or my child's participation in athletic activities carries with it risk, and hereby waive and release the staff of Nothing But Hoops and any organization affiliated with the organization from any and all liabilities incurred by myself or my child during and/or as a result of his/her participation in any of all NBH programs. I also understand that NBH retains the right to use photographs of participants. In addition, I understand that any participant who does not abide by the rules and regulations of NBH may be subject to dismissal without reimbursement. I also understand that all deposits are non-refundable.

SIGNATURE _____ DATE _____

(Circle one) Parent Guardian

For Office Use only: CC# _____ Exp: MMYT _____

Cash _____ Check # _____ Amount \$ _____ Date of payment _____