## **Registration Form**

Parent/Guardian	Participant's	Name		Date of Birth	Age	
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 my child's participation in athletic activities carries with it risk, and hereby waive and release the staff of Nothin But Hoops and any organization affiliated with the organization from any and all liabilities incurred by myself or 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 understant that all deposits are non-refundable.  SIGNATURE  DATE  [Circle one] Parent Guardian  Exp: MMYY	Participant's I	Name		Date of Birth	Age	
Home # Cell # Work#	Participant's I	Name		Date of Birth	Age	
Address	Program Date	es and Times				
E-mail address (please print clearly)  Emergency Contact Name and #	Parent/Guard	lian				
Emergency Contact Name and #	Home #		Cell #	Work#		
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For Office Use only: CC#Exp: MMYY	SIGNATURE			DATE		
	(Circle one)	Parent	Guardian			
Cash Check # Amount \$ Date of payment	For Office Use	e only: CC#			_Exp: MMYY	
	Cash	Check #	Amount \$_	Date of payme	ent	