



Hoops Dreams Basketball Clinic Registration

Player Information

Name:		Gender: Male Female	
Age:	Skill Level: Beginner Intermediate Advanced	T-Shirt Size: S M L XL	
Phone:		Email Address:	

Parent/Guardian Information (Emergency Contact Info)

Name:			
Address:	City:	State:	Zip:
Primary Phone Number:		Alternate Phone Number:	
Email Address:			

Training Agreement, Liability Release & Disclosure

I, _____, as parent/legal guardian of _____ hereby give permission for my son/daughter/ward to participate in training activities sponsored by Hoop Dreams Basketball Consulting, LLC

RELEASE AND WAIVER: In granting this permission, I hereby waive all claims I and/or my heirs and/or my son/daughter/ward may have and I/we release, discharge, hold harmless and agree to indemnify Hoop Dreams Basketball Consulting, LLC, its employees, agents, volunteers and/or the persons or entities who lead or direct this activity from and against any and all actions, claims and demands of every kind and description including, but not limited to, personal injury, property damage and wrongful death, based on negligence (active or passive), contract claim or other legal theory, in the event my son/daughter/ward is injured or becomes ill, or his/her property is damaged, or in the event of accident or death occurring, during or arising out of his/her participation in the above described activity or event. In executing this release and authorization my son/daughter/ward and I/we assume the risk for any such damage, injury or death that may occur.

AUTHORIZATION FOR MEDICAL ATTENTION (1ST AID): Should it be necessary for my son/daughter/ward to receive medical attention or treatment while participating in this activity, or as a result thereof, I hereby give permission for the person(s) leading or directing this activity to use their best judgment in obtaining medical attention or treatment for him/her. I further give permission to the physician or other medical professional that is selected by the person(s) leading or directing this activity, to render medical attention or administer medical treatment as that physician or medical professional deems appropriate and necessary under the circumstances. In granting this permission, it is expressly understood that any expenses incurred by or on behalf of my son/daughter/ward for such attention or treatment, are my sole responsibility and I represent and warrant that I have valid health care coverage and/or the financial ability to pay for such expenses. I further understand that Hoop Dreams Basketball Consulting, LLC does not have insurance to cover medical or hospital costs for my son/daughter/ward while participating in this activity and I/we agree to hold Hoop Dreams Basketball Consulting, LLC harmless for any such expenses.

By signing below, I acknowledge that I have read and understand the terms of this RELEASE, WAIVER and AUTHORIZATION, that I have been fully and completely advised of the potential risks and dangers associated with this activity and that I am aware that this RELEASE, WAIVER and AUTHORIZATION is a legally binding and enforceable agreement.

Name and coverage number of son/daughter/ward's medical insurance carrier:

Please disclose any medical information about your son/daughter/ward that Hoop Dreams Basketball Consulting, LLC should be aware of as preparations for training sessions are made. If there are no special medical considerations, please write "None" below:

CLIENT ACKNOWLEDGEMENT AND UNDERSTANDING: I HAVE CAREFULLY READ THIS AGREEMENT AND I, THE CLIENT, AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND THAT I, THE CLIENT, AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I, THE CLIENT, AM SIGNING THIS AGREEMENT OF MY OWN FREE WILL AND INTEND FOR MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent's Signature: 

Date: _____