



HOOP 10 TOURNAMENT REGISTRATION FORM

GIRLS & BOYS • 3RD-VARSITY • K-2ND GRADES (1-DAY SERIES Only)

Check the tournament(s) you are registering for:

- MARCH 29-30** MARCH MADDNESS
- APRIL 12-13** HOOPFEST
- APRIL 19** EGGSTRAVAGANZA (1-DAY SERIES)
- MAY 3-4** QUEEN & KING OF THE COURT
- MAY 10** SPRING FLING (1-DAY SERIES)
- MAY 17-18** CLASSIC
- MAY 31-JUNE 1** HOOPLA
- JUNE 7-8** SUMMER SIZZLER
- JUNE 14** SUMMER WRAP-UP (1-DAY SERIES)

- **1 DAY SERIES (3 Pool Play Games) - \$225**
- **3 DAY TOURNEYS (Bracket Play) - \$275**

GAME TIMES: First game times and tournament brackets released each Thursday afternoon prior to tournament.

TEAM NAME:

BOYS OR GIRLS TEAM: BOYS GIRLS

GRADE (K-12):

COACH NAME:

PHONE:

EMAIL:

PLAYER NAME #1:

PLAYER NAME #6:

DATE OF BIRTH: ___/___/___

DATE OF BIRTH: ___/___/___

PLAYER NAME #2:

PLAYER NAME #7:

DATE OF BIRTH: ___/___/___

DATE OF BIRTH: ___/___/___

PLAYER NAME #3:

PLAYER NAME #8:

DATE OF BIRTH: ___/___/___

DATE OF BIRTH: ___/___/___

PLAYER NAME #4:

PLAYER NAME #9:

DATE OF BIRTH: ___/___/___

DATE OF BIRTH: ___/___/___

PLAYER NAME #5:

PLAYER NAME #10:

DATE OF BIRTH: ___/___/___

DATE OF BIRTH: ___/___/___

WAIVER OF LIABILITY: As parent or legal guardian of the above named child, I hereby grant permission for him/her to participate in the HOOP 10 Basketball Events. I acknowledge the fact that he/she is physically able to participate. I acknowledge that basketball or any other sport or physical activity can be dangerous, and that participation could lead to bodily injury or death. In consideration of participation in HOOP 10 Basketball, I HEREBY ASSUME THE RISK OF THE ABOVE-NAMED CHILD PARTICIPATING and accept full responsibility to pay expenses for medical care that may arise from said participation. I hereby release HOOP 10 Basketball LLC, Amarillo, TX and employees, 10 Sports, Amarillo, TX and employees, and COURTSIDE - 14365 Indian Hill Rd, Amarillo, TX and employees from all claims or illnesses including Coronavirus or Covid-19 which may be sustained by my child. I authorize the HOOP 10 Basketball Director, HOOP 10 staff or designee to select hospital facilities and/or physician of choice and authorize treatment of the above-named player on an emergency basis in the event such treatment becomes necessary while participating in HOOP 10 Basketball trainings, practices, games and all other events.

HOOP 10 Basketball, 10 Sports and/or COURTSIDE will not be responsible for loss or theft of money or personal articles.

I likewise grant HOOP 10 Basketball LLC, 10 Sports and COURTSIDE permission to use his/her photograph(s) in HOOP 10 Basketball, 10 Sports and COURTSIDE media. His/her photograph(s) may be used on the HOOP 10 Basketball, 10 Sports and COURTSIDE websites, in HOOP 10 Basketball, 10 Sports and COURTSIDE brochures and flyers, handbooks, promotional posters, banners and other displays. **BY SIGNING YOU ARE AGREEING TO THIS WAIVER OF LIABILITY:**

SIGNATURE: _____

TODAY'S DATE: ___/___/___

PRINT NAME: _____