



HOOP 10 COMBINES

REGISTRATION FORM

On-Site Registration Only (Fill out this form)
3rd-12th Grade Boys & Girls



TRYOUT #

**** In-person registration opens 30 minutes prior to combine time ****

Athlete's First & Last Name: _____ Years of Experience: _____

Date of Birth: ____/____/____ Current Age: _____ Circle: **Boy** **Girl**

GRADE? (3rd-12th): _____ School Attending: _____ Grad Year: _____

Parent or Legal Guardian Name _____

Parent's Address _____

Phone# _____ Parent's Email _____

2026 AMARILLO REGISTRATION

@Courtside - 14354 Indian Hill Rd, Ama, TX

☐ MAR 2 (MON) | 3RD-4TH GRADES | COMBINE @ 6:00-7:15PM

☐ MAR 2 (MON) | 5TH-6TH GRADES | COMBINE @ 7:15-8:30PM

☐ MAR 4 (WED) | 7TH-8TH GRADES | COMBINE @ 6:00-7:15PM

☐ MAR 4 (WED) | HIGH SCHOOL | COMBINE @ 7:15-8:30PM

2026 LUBBOCK REGISTRATION:

@Sharp Academy - 8315 Indiana Ave, Lbk, TX

★ LUBBOCK HOOP 10 INFO MEETING - Q&A @ 3:00-4:00pm!

☐ MAR 1 (SUN) | 3RD-6TH GRADES | COMBINE @ 2:00-3:00pm

☐ MAR 1 (SUN) | 7TH-HIGH SCHOOL | COMBINE @ 4:00-5:00pm

COMBINE FEE: \$50 (in-person registration is cash or check only - register online at hoop10.com for card payment)

Liability Waiver

As the parent or legal guardian of the above-named child, I give permission for my child to participate in HOOP 10 Basketball events and activities. I confirm that my child is physically able to participate.

I understand that participation in basketball and other physical activities involves inherent risks, including injury or illness. I HEREBY ASSUME THE RISK OF THE ABOVE-NAMED CHILD PARTICIPATING and agree to be responsible for any medical expenses that may result.

I release and hold harmless HOOP 10 Basketball LLC, 10 Sports, Courtside, Sharp Academy, and their employees and representatives from any claims or liabilities arising from my child's participation, including injury, illness, or exposure to COVID-19. I understand that these organizations are not responsible for lost or stolen money or personal items.

In the event of an emergency, I authorize HOOP 10 Basketball staff or their designee to obtain necessary medical care for my child.

I also grant permission for HOOP 10 Basketball, 10 Sports, and Courtside to use photographs or video of my child for promotional and informational purposes, including websites and printed materials.

By signing below, I acknowledge that I have read, understand, and voluntarily agree to this Liability Waiver.

X

Parent or Legal Guardian Signature

Date

Please bring this form (completed) and fee.

If you have any questions or need additional information, please contact Johnna Pointer at 806-681-0331 or email hoop10basketball@yahoo.com