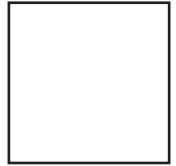




Hoop 10 Combines

REGISTRATION FORM

@ Courtside - 14365 Indian Hill Rd., Amarillo, TX 79123
On-Site Registration Only (Fill out this form)



TRYOUT #

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

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

GRADE? (1st-12th): _____ School Attending: _____ Grad Year: _____

Parent or Legal Guardian Name _____

Parent's Address _____

Phone# _____ Parent's Email _____

REGISTRATION DATE/TIMES:

- FEB 19 (WED) | **1ST-2ND GRADES** REGISTRATION 5:30-6:00PM | **COMBINE 6:00-7:00PM**
- FEB 24 (MON) | **3RD-4TH GRADES** REGISTRATION 5:30-6:00PM | **COMBINE 6:00-7:30PM**
- FEB 25 (TUES) | **7TH-8TH GRADES** REGISTRATION 5:30-6:00PM | **COMBINE 6:00-8:00PM**
- FEB 26 (WED) | **HIGH SCHOOL** REGISTRATION 5:30-6:00PM | **COMBINE 6:00-8:00PM**
- FEB 27 (THURS) | **5TH-6TH GRADES** REGISTRATION 5:30-6:00PM | **COMBINE 6:00-7:30PM**

COMBINE FEE: \$50

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.

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