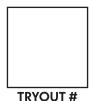


Please bring this form (completed) and fee.

806-681-0331 or email hoop10basketball@yahoo.com

Hoop 10 Combines REGISTRATION FORM



Athlete's First & Last Name:		Years of Expe	erience:
Date of Birth:/	Current Age:		Circle: Boy Girl
GRADE? (1st-12th):			
Parent or Legal Guardian Name	_		
Parent's Address			
Phone#	Parent's Email		
REGISTRATION DATE/TIMES:			
FEB 17 NIKE COMBINES 7TH-8TH BOYS		REGISTRATION 5:00-5:30PM	
FEB 17 NIKE COMBINES HIGH SCHOO	L BOYS & GIRLS	REGISTRATION 6:30-7:00PM C	OMBINE 7:00-8:30PM
FEB 26 HOOP 10 COMBINES 3RD-4TH	BOYS & GIRLS	REGISTRATION 5:30-6:00PM	OMBINE 6:00-7:30PM
FEB 27 HOOP 10 COMBINES 1ST-2ND (REGISTRATION 5:00-5:30PM	
FEB 27 HOOP 10 COMBINES 1ST-2ND F	BOYS	REGISTRATION 6:00-6:30PM	
☐ FEB 28 HOOP 10 COMBINES 5TH-6TH	BOYS & GIRLS	REGISTRATION 6:00-6:30PM	OMBINE 6:30-8:00PM
☐ MAR 4 HOOP 10 COMBINES 7TH-8TH	BOYS & GIRLS	REGISTRATION 6:00-6:30PM	OMBINE 6:30-8:00PM
☐ MAR 6 HOOP 10 COMBINES HIGH SCI	HOOL BOYS & GIRLS	REGISTRATION 6:00-6:30PM	COMBINE 6:30-8:00PM
REGISTRATION 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			
Parent or Legal Guardian Signature			Date

If you have any questions or need additional information, please contact Johnna Pointer at