



Hoop 10 Combines

REGISTRATION 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:

- | | |
|---|---|
| <input type="checkbox"/> FEB 17 NIKE COMBINES 7TH-8TH BOYS & GIRLS | REGISTRATION 5:00-5:30PM COMBINE 5:30-7:00PM |
| <input type="checkbox"/> FEB 17 NIKE COMBINES HIGH SCHOOL BOYS & GIRLS | REGISTRATION 6:30-7:00PM COMBINE 7:00-8:30PM |
| <input type="checkbox"/> FEB 26 HOOP 10 COMBINES 3RD-4TH BOYS & GIRLS | REGISTRATION 5:30-6:00PM COMBINE 6:00-7:30PM |
| <input type="checkbox"/> FEB 27 HOOP 10 COMBINES 1ST-2ND GIRLS | REGISTRATION 5:00-5:30PM COMBINE 5:30-6:30PM |
| <input type="checkbox"/> FEB 27 HOOP 10 COMBINES 1ST-2ND BOYS | REGISTRATION 6:00-6:30PM COMBINE 6:30-7:30PM |
| <input type="checkbox"/> FEB 28 HOOP 10 COMBINES 5TH-6TH BOYS & GIRLS | REGISTRATION 6:00-6:30PM COMBINE 6:30-8:00PM |
| <input type="checkbox"/> MAR 4 HOOP 10 COMBINES 7TH-8TH BOYS & GIRLS | REGISTRATION 6:00-6:30PM COMBINE 6:30-8:00PM |
| <input type="checkbox"/> MAR 6 HOOP 10 COMBINES HIGH SCHOOL 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 _____ 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