



Sunday Clinics Registration

JANUARY 12, 19, 26 & FEBRUARY 2, 9, 16, 23

A NIKE SPONSORED CLUB



(Hoop 10 Tryout Prep Clinic is on the February 23rd Sunday Clinic Date / Same Time Slot)

Athlete's First Name _____ Last Name _____

Date of Birth ____/____/____ Age as of January 1, 2025 _____ Circle: **Boy** **Girl**

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

Parent or Legal Guardian Name _____

Parent's Address _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Emergency Phone _____

TRAINING TIMES:

- 3rd-6th **Girls** | 2:00pm-3:00pm
- MS-HS **Girls** | 4:00pm-5:00pm

- 3rd-6th **Boys** | 3:00pm-4:00pm
- MS-HS **Boys** | 5:00pm-6:00pm

REGISTRATION OPTIONS:

ALL 7 SUNDAYS CLINICS | \$155

OR - INDIVIDUAL CLINICS ONLY (& LOCATIONS):

- JAN 12 - \$25 @ St. Andrews Episcopal School
- JAN 19 - \$25 @ St. Andrews Episcopal School
- JAN 26 - \$25 @ St. Andrews Episcopal School
- FEB 2 - \$25 @ St. Andrews Episcopal School
- FEB 9 - \$25 @ St. Andrews Episcopal School
- FEB 16 - \$25 @ St. Andrews Episcopal School
- FEB 23 - \$25 @ St. Andrews Episcopal School

> (FEB 23rd is also Hoop 10 Tryout Prep Clinic Date)

Location of ALL Sunday Clinics:

St. Andrews Episcopal School
1515 S. Georgia St, Amarillo, TX 79102

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, St. Andrews Episcopal School, 1515 S. Georgia St, 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 or St. Adnrew's Epiiscopal School 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.

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