



# Sunday Clinics Registration

## JANUARY 8, 15, 22, 29 & FEBRUARY 12, 19, 26



Athlete's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of January 1, 2023 \_\_\_\_\_ Circle: **Boy** **Girl**

GRADE? (1st-12th): \_\_\_\_\_

Parent or Legal Guardian Name \_\_\_\_\_

Parent's Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent's Email \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### TRAINING TIMES:

- BOYS & GIRLS | 1st-2nd Grade | 1:00-2:00PM
- GIRLS | 3rd-6th Grade | 2:00-3:00PM
- GIRLS | Middle School-High School | 3:00-4:00PM
- BOYS | 3rd-6th Grade | 4:00-5:00PM
- BOYS | Middle School-High School | 5:00-6:00PM

### REGISTRATION OPTIONS:

ALL 7 SUNDAYS CLINICS | \$170

### INDIVIDUAL CLINICS ONLY:

- |  |  |
|--|--|
| <input type="checkbox"/> JAN 8 - \$25  | <input type="checkbox"/> FEB 12 - \$25 |
| <input type="checkbox"/> JAN 15 - \$25 | <input type="checkbox"/> FEB 19 - \$25 |
| <input type="checkbox"/> JAN 22 - \$25 | <input type="checkbox"/> FEB 26 - \$25 |
| <input type="checkbox"/> JAN 29 - \$25 |  |

### **Waiver of Liability**

As parent or legal guardian of the above-named player, 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 and 10 Sports, 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 Combines. I likewise grant HOOP 10 Basketball and 10 Sports permission to use his/her photograph(s) on social media and websites. His/her photograph(s) may also be used in HOOP 10 Basketball and 10 Sports 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