

HOOPS GIRLS RECREATIONAL VOLLEYBALL LEAGUE REGISTRATION

NAME: _____ PARENTS NAME: _____

PHONE: _____ GRADE: _____ SCHOOL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL ADDRESS: _____ SHIRT SIZE: YM YL YXL AS AM AL

TEAM: _____ COACH: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

PLAYER NAME	GRADE	PHONE NUMBER OR EMAIL ADDRESS

I PARENT OR GUARDIAN OF THE ABOVE NAMED INDIVIDUAL, ATTEST THAT ALL INFORMATION SUBMITTED IS ACCURATE AND COMPLETE. In the event of protest concerning the eligibility of any participant, I understand that I am responsible for providing appropriate documentation to verify eligibility for participation in the grade, division, or age group which my child is registered. I acknowledge that I have read and understand the rules, regulations and code of conduct for participation in a Hoops Basketball league and while on the premises, and further accept responsibility for monitoring the conduct and behavior of my child in accordance.

WAIVER OF LIABILITY and CONSENT TO EMERGENCY TREATMENT: I give permission for my child to participate in all activities involved with this program, and hereby release HOOPS, its facilities, staff, and proprietors from any liability or responsibility from any injury or illness that may occur during participation. I am aware of the inherent risks involved with the physical nature of this program, and hereby attest that my child has been deemed by a physician to be in suitable physical and medical condition for participation in rigorous physical activity. If I am unable to be reached in the event that my child should require emergency medical treatment or care, I authorize Hoops Basketball and its representatives to seek appropriate medical treatment or care for my child on my behalf.

PRINTED NAME _____ SIGNATURE _____ DATE _____

PAYMENT METHOD: CASH CHECK CREDIT CHECK NO _____ CARD NO: _____ EXP: __/__/__

TEAM REGISTRATION: \$380.00 INDIVIDUAL REGISTRATION: \$75.00 DATE OF PAYMENT: _____ STAFF: _____

RETURN COMPLETED REGISTRATION FORM TO: HOOPS 12101 SYCAMORE STATION PLACE LOUISVILLE KY 40299 OR FAX TO: (502) 814-2204

REGISTER ONLINE: WWW.WHERETHEGAMEIS.COM OR BY PHONE: (502) 814-6677