

PARENTAL WAIVER

Athlete Name: _____

Medical Information

***Please list any current or prior medical concerns that Hoops Training should have knowledge of:

Emergency Contact Information

Name: _____ Relation to Athlete: _____ Phone #: _____

Name: _____ Relation to Athlete: _____ Phone #: _____

Consent Waiver: I give my son/daughter permission to play for a Hoops Training team. I understand that the fees that I am responsible to pay are due at the time of tryout. I further realize that if my son/daughter does not make a team I will be refunded all monies that have been paid. I also know and accept the policy that there will be no refunds after the first team practice should my son/daughter decide not to play or is unable to participate for whatever reason.

Additionally, I authorize Hoops Training to act in their best judgment in any emergency requirement of medical attention and I hereby release Hoops Training from any and all liabilities for any injury or illness incurred while participating in tryouts, practices, games, and other Hoops Training sponsored events. I have no knowledge of any physical impairment that would be affected by the above named athlete participating in the Hoops Training program.

I also understand that Hoops Training retains the right to use, for publicity and advertising purposes, names and photographs of participants in the program.

Signature of Parent/Guardian

Date