**REGISTRATION FORM**

**\*Participant Name:**  **\*Sex:** M F \***Age:**  **\*Date of Birth (M/D/Y):**­­­­­­\_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

**\*Grade Level (circle one):** 2 3 4 5 6 7 8 9 10 11 12

**\*Address:**  **\*City:**   **\*State:**  **\*Zip Code:**

**\*Country:**  **\*Home Phone:** ( )  **\*School:**  **T-Shirt Size (adult):** S M L XL XXL

**\*Name of Parent or Guardian:**   **Phone:** ( )

**\*Parents e-mail address:**  **\*Athlete’s e-mail address:**

**How did you hear about ACK Hoop Academy?**

**Please Tell us the areas you wish to improve on:**

**Consent:** I, being the parent or legal guardian of the child named above, consent that my child may participate in the identified activity.

**Release:** I hereby release, discharge and agree to hold harmless ACK Hoop Academy, its staff, administration, employees, and representatives from any and all claims which the child or I may have individually and/or as parent/guardian of the child arising out of his/her participation in the activity.

**Medical Treatment:** I/we understand that participation in such activity and sports may result in illness, severe injury; including paralysis, or even death. Improvement in equipment, medical treatment and physical conditioning, as well as rule changes have reduced these risks, but it is impossible to totally eliminate such occurrences from these activities. I hereby authorize any health care professional or hospital to provide my child appropriate emergency care that may become reasonably necessary for the child in the course of activity. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for the named child.

***I/we have read and understand the above. I have full legal authority to grant the consent and the release described above, on behalf of my child and of his parents and/or legal guardians.***

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Parent/Guardian Name (Print) Parent/Guardian Signature Date Signed

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Participant Name (Print) Participant Signature Date Signed