

"Kingwood Hoops League"

Registration Form

Please Print

Player's Name: _____

Age: _____ Date of Birth _____ Sex: (M/F) _____

Parent's/Guardian's Name: _____

Address: _____

State: _____ City: _____ Zip: _____

Phone # (Home): _____ (Work) _____ (Cell) _____

In an emergency contact: _____

Name of School child attends _____

Address: _____

State: _____ City: _____ Zip: _____

Grade Level attending: _____ Sports: _____ Years: _____

E-Mail: _____

Playing/Training Release Form

Please, read the following carefully:

- I, the undersigned, release One on One and all other entities connected to the Kingwood Hoops league from all liability for any injuries (mental or physical) or losses incurred while taking part in training or playing.
- In the event of a medical emergency I authorize the coaches present at the time to act for me according to their best judgment. I also grant permission for my child to be given treatment at a local hospital if it is deemed necessary.
- There are no limits to my child's participation except as stated in writing and included with this registration form.
- Permission is granted to One on One to use photographs of the participants in any promotional materials.

• _____
Signature of parent/guardian **Date**