



Hoops4Life, Inc.

232 North Elm Street, Waterbury, CT 06702
Deneen Fryer, CEO /Founder
203.575.4340 [website www.hoops4lifect.com](http://www.hoops4lifect.com)

Basketball Registration Form

Player Information: (Please print clearly) A separate form must be completed for each player

Name of player: First _____ Last _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Cell: _____

Family Email: _____

Date of Birth: _____ Health issue _____ Male Female

Current Grade: _____ Playing Level: Intermediate Advanced

Shirt Size: Youth: MED LARGE X LARGE Adult Size: SMALL MED LARGE X-LARGE 2X

Cost: \$ 90.00 per player. Checks should be made payable to Hoops4Life, Inc.

There are no refunds but a credit can be applied instead.

Return completed form and payment to: **Hoops4Life, Inc., 232 North Elm St., Waterbury, CT 06702**

RELEASE OF ALL CLAIMS:

I, being over the age of majority, do for myself and on behalf of my child participant, hereby release, forever discharge and agree to hold harmless and indemnify **Hoops4Life, Inc.** and its officers, directors, agents, employees and parent chaperones, from any and all liability, claims or demands including cost of defense, of any nature whatsoever which may be incurred or suffered by me or by my child-participant arising out of or while participating in the **Hoops4Life Program** ("Program"), including without limitation, any field trips or activities. Furthermore, I hereby assume, on my own behalf and on behalf of my child-participant, all risk of personal injury, sickness, death, damage and expense in connection with the Program. Authorization and permission is hereby given to chaperones to furnish any necessary transportation, food and lodging for this participant in connection with these trips or activities. The undersigned is (are) the parent(s) or legal guardian(s) of this participant, and hereby grant permission for said child to participate fully in the Program, and hereby give permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all resulting medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, the undersigned assumes all additional transportation costs

PHOTO RELEASE:

I give **Hoops4Life, Inc.** permission to publish in print, electronic, or video format the likeness or image of my child or audio recordings of my child. I release all claims against **Hoops4Life, Inc.** with respect to copyright ownership and publication including my claim for compensation related to use of the materials. Images, video and audio recordings of my child taken or recorded during my child's participation in **Hoops4Life, Inc.** can be used in print, broadcasting and other forms of advertising; brochures, newsletters and other publications; on the **Hoops4Life, Inc.** website; in audiovisual presentations; and in other activities to promote the organization and inform the public about the organization. These photos, video or other images or recordings may be used by the organization without payment of fees, royalties or other remuneration.

General Guidelines: It is recommended that a release be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required; signatures of minors are not sufficient. When images are published, **Hoops4Life, Inc.** will take cautionary steps to provide minimum identifying information and will not use specific street or mailing address, e-mail address, or phone numbers. Signed release forms are not needed when subjects are in public places, such as fairgrounds or parks. Photographs or videotaping in private or public schools or youth camps must be done only with the organization's permission and with signed release forms from a parent or guardian of each child. It is the responsibility of the photographer or videographer to obtain signed release forms and maintain records.

Parent/Guardian Signature: _____ Date: _____