



City Hoops Institute Registration Form

Participant Information (Please type of print legibly)

Last Name: _____ First Name: _____

Gender: ☐ Female ☐ Male Age: _____ Skill level: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Telephone: _____ Cell Phone Number: _____

Parent email: _____ Social Media _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone #: _____

Mother's cell: _____ Father's cell: _____

Emergency contact: _____ Relationship: _____ Phone: _____

Please understand that only the participant's Mother, Father, and/or Emergency Contact will be authorized to pick up their child unless other arrangements/instructions are documented and approved with the CITY HOOPS INSTITUTE administration. Please provide any additional names authorized to pick up below.

Dismissal Arrangements: _____

Please specify any of your child's health problems: _____

Payments: Cash, check, or mobile payments are accepted. Please make check payable to: **City Hoops Institute**. Mobile payments can be made via PayPal or Zelle to cityhoopsinstitute@gmail.com

Camp Fees:

- 4 or more sessions requires 1/2 the full amount due at the time of registration, remaining 1/2 paid by first session.
- 2-3 sessions requires a \$20 down payment at the time of registration, remaining amount paid by first session.
- 1 session of camp requires \$20 paid in full at the time of registration.

Please mark your child's intended participation days and method of payment below.

☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ **Payment Method:** _____

I understand that the down payment is due at the time of registration or by your child's first day of participation, although no spot is guaranteed until a down payment is made to CITY HOOPS INSTITUTE.

I understand CITY HOOPS INSTITUTE also does not provide make-ups or refunds for any days missed for any reason.

DROP OFF AND PICK UP TIMES

Drop off: Please arrive 15 minutes early to each camp session as gym doors will close promptly at the designated start time.

Pick up: An additional \$10 fee will be charged to participants that are not picked up 15 minutes after designated end time.

CITY HOOPS INSTITUTE LIABILITY WAIVER

In consideration of being allowed to participate in any way with the CITY HOOPS INSTITUTE and its related events and/or activities, I, _____, the participant, and the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly assume all such risks, both known and unknown, even if arising from the negligence of the releases, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the City Hoops Institute immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless the City Hoops Institute officers, officials, agents and/or employees, and other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used for the activity ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS WAIVE AND RELEASE ANY AND ALL RIGHTS TO ANY CLAIM FOR DAMAGES I MAY OR MIGHT HAVE AGAINST CITY HOOPS INSTITUTE AND ALL SPONSORS AND VENUE OWNERS, FOR ANY INJURY OR DAMAGE SUFFERED BY ME, DURING MY PARTICIPATION IN/WITH THE CITY HOOPS INSTITUTE. I HEREBY CONSENT THAT CITY HOOPS INSTITUTE AND ANY SPONSORS MAY USE ANY PHOTOS AND/OR LIKENESS TAKEN OF ME BY REPRESENTATIVES THEREOF IN CONJUNCTION WITH THE CITY HOOPS INSTITUTE, FOR WHATEVER MARKETING AND/OR OTHER PURPOSES THEY DEEM FIT AND UNDERSTAND CREDIT AND COMPENSATION IS NOT MANDATORY, ANY PROTEST I MIGHT HAVE MUST BE IMMEDIATELY COMMUNICATED AND IT SHALL BE MY RESPONSIBILITY TO PROVE ANY IDENTIFYING INFORMATION SHOULD I WANT IT KNOWN.

Signature: _____ **Date:** _____ **Age:** _____

Participant's Full Name: _____

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in this program as provided above, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

^Signature: _____ **Relationship:** _____ **Date:** _____

***REQUIRED IF PARTICIPANT IS A MINOR (UNDER AGE 18 AT TIME OF REGISTRATION)**