

The Hoop Zone

PLAYER and or PARTICIPANT REGISTRATION FORM

This player AND OR Participant registration form must be completed and signed by a parent/guardian for any player AND OR Participant under the age of 18.

PLAYER'S NAME: _____

PLAYER'S BIRTH DATE: ___/___/___ GRADE: ___ SCHOOL: _____

STREET ADDRESS: _____

CITY: _____ STATE: ___ ZIP: _____

HOME TELEPHONE #: _____

PLAYER'S EMAIL: _____

PLAYER'S CELL PHONE #: _____

PARENT'S/GUARDIAN'S NAME(S): _____

PARENT'S/GUARDIAN'S EMAIL(S): _____

PARENT'S/GUARDIAN'S CELL PHONE #(S): _____

EMERGENCY CARE INFORMATION

In case of emergency, I (parent/guardian) give permission to a Hoop Zone member and/or its affiliates, to seek medical treatment or help in the transport of my child (player) to a medical facility.

EMERGENCY CONTACT'S NAME(S): _____

EMERGENCY CONTACT'S TELEPHONE PHONE #(S): _____

INSURANCE CARRIER'S NAME: _____

INSURANCE ID#: _____ INSURANCE GROUP #: _____