



## Registration Form

Participant Name \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Child's birth date \_\_\_\_\_

\*Parent Email \_\_\_\_\_ \*You will get email confirmation, please print clearly!!

T-shirt size (circle) Youth S M L Adult S M L XL

School \_\_\_\_\_ Parent/Guardians \_\_\_\_\_

Emergency number \_\_\_\_\_ Relationship \_\_\_\_\_

### For Clinics/Camps only:

Session(s) attending: \_\_\_\_\_ Amount: \_\_\_\_\_

### Parental Authorization

I waive and release Hall of Hoops Basketball Services, L.L.C. and anyone associated with camp from any and all liability from injury, accidents and medical or dental expenses incurred as a result of participation at the camp. I, as parent/guardian, have actual knowledge and appreciation of the particulars of the program and hereby voluntarily consent to said minor's participation and assume the risk arising there from. I hereby give my permission for emergency medical treatment in the event I cannot be reached. Each youngster is subject to dismissal if he or she does not comply with the camp rules and regulations or if the student is found to be detrimental to the interest of the program. NO REFUNDS.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail your registration to: Katie Hall, 320 Audubon Dr., Ruston, LA 71270. Please do not mail cash. Make checks payable to: Hall of Hoops Basketball Services. Fees must be received prior to registration.**

Hall of Hoops Basketball Services  
320 Audubon Dr.  
Ruston, LA 71270 (318) 503-9345  
www.hallofhoops.com  
katiehall@mac.com