



Hawk Hoops

Registration Form

PARTICIPANT NAME: _____
LAST FIRST MIDDLE

HOME ADDRESS: _____
NUMBER STREET CITY ZIP

TELEPHONE: _____ AGE: _____ DOB: _____

SCHOOL ATTENDING: _____ GRADE: _____

PRINT EMAIL OF STUDENT/PARENT: _____

ANY SPECIAL MEDICATION, IMPORTANT MEDICAL INFO OR SPECIAL INSTRUCTIONS.

LIST ANY ALLERGIES, REACTIONS AND REMEDIES

LIST ANY RESTRICTIONS TO MEDICAL TREATMENTS.

PHYSICIAN'S NAME: _____ TELEPHONE: _____

PARENTAL GUARDIAN INFORMATION

MOTHER'S NAME: _____
LAST FIRST MIDDLE

MOBILE:() _____ HOME PHONE:() _____

FATHER'S NAME: _____
LAST FIRST MIDDLE

MOBILE:() _____ HOME PHONE:() _____

IN CASE PARENTS CANNOT BE REACHED NOTIFY THE FOLLOWING EMERGENCY CONTACT PERSON(S):

HOME NUMBER:() _____ CELL:() _____

WORK NUMBER:() _____ EMAIL: _____

I, _____ THE PARENT OR LEGAL GUARDIAN OF
_____ HEREBY APPLY AND PERMIT MY MINOR CHILD TO
PARTICIPATE IN HAWK HOOPS SPORTS PROGRAM. I UNDERSTAND THE RULES AND REGULATIONS OF
THIS SPORTS PROGRAM AND PROMISE TO ABIDE BY THEM.

PARENT SIGNATURE

DATE

VIDEO-PHOTO RELEASE

I understand that during the Hawk Hoops Sports Program Activities, my photograph and/or the photograph of my child may be taken by Hawk Hoops. I agree that my photograph and/or the photograph of my child including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge to Hawk Hoops and used as deemed appropriate.

Initials _____

AUTHORIZATION TO TREAT A MINOR

I understand that all efforts shall be made to contact parent/guardian prior to rendering treatment to my child, but any of the below treatment will not be withheld if I cannot be reached. I, the parent or legal guardian of the child name on page 1, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical treatment and hospital care rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her own judgment may deem advisable for my child. Further, I understand my child will be participating in sports activities and agree to pay for my child's medical expenses. This authorization is given pursuant to the provisions of the California Family Code.

RELEASE FROM LIABILITY

Initials _____

In consideration of the acceptance of the application of my child as a participant in any programs and/or activities of Hawk Hoops, my child and I hereby agree to assume all risks attendant upon myself and my child while participating in any Hawk Hoops activities. My child and I hereby waive, release, and discharge any and all claims for any damages for death, personal injury, or property damage which my child and/or I may have, or which may hereafter accrue to my child and I, as a result of my child's participation in Hawk Hoop's activities. I agree to indemnify and hold harmless from liability Hawk Hoops and/or any employees or volunteers by reason of any accident, death, injury, or damages, to persons or property which my child or I may suffer while participating in Hawk Hoops activities. This release is intended to discharge in advance Hawk Hoops and it's employees and volunteers by reason of any accident, death, injury, or damages to persons or property which my child or I may suffer, from and against any and all liability arising out of or connected in any way with my or my child's participation in Hawk Hoops activities, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

Initials _____

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child.

I have read, understood and approve the AUTHORIZATION TO TREAT A MINOR (with any restrictions I may have listed above), RELEASE FROM LIABILITY and the VIDEO-PHOTO RELEASE.

NAME OF CHILD PARTICIPATING

NAME OF PARENT/LEGAL GUARDIAN

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE