



Flawless Hoops Basketball Youth/Teenager Sign-Up Form



Parental Consent Form

Player/Participant's Full Name: _____ Player's Age: _____

Gender: Girl / Boy

Parent/ Legal Guardian's Full Name: _____

Parent/ Legal Guardian's Phone Number: _____

Waiver of Liability Release Form

I am aware of the nature of this activity, and I hereby assume responsibility for _____

Player/Participant's Name

To participate and to be photographed for publicity purposes. I will not hold Flawless Hoops and/or its employees or St. Elizabeth Ann Seton School responsible in the case of any accident or injury as a result of this participation. **I understand that even when every reasonable precaution is taken, an accident can and will sometimes happen.** Due to the strenuous nature of basketball, the player and their parents are advised to consult their physician concerning the player's fitness to participate. Basketball presents certain inherent risks and hazards, which the player and parents are urged to consider and which the player assumes the outcomes of such risks.

I hereby approve of the participation of the above-named player and in the case of an emergency consent to the emergency medical treatment for the player on my behalf.

I understand that this completed form must be given to Flawless Hoops prior to participation.

Parent/Legal Guardian Signature _____ Date _____

Emergency Contact Information: *(If Parent/Guardian listed above cannot be reached)*

Name: _____ Phone Number: _____

Relationship to Player/Participant: _____