



Player Development Hoops LLC Registration Form

Child's Name _____ DOB: _____

Gender: _____ Age: _____ Last school grade completed: _____

Address: _____ City: _____ Zip: _____

Email: _____ Phone Number: _____

Parent/guardian name(s): _____

Emergency contact (name and phone number): _____

Special concerns (allergies, medical conditions etc.): _____

Health Insurance company and phone number: _____

Group Number: _____ ID Number: _____

Physician's Name: _____ phone number: _____

I understand that there is always a possibility that my child may sustain physical illness or injury while at this camp/ clinic/ training. If this occurs, I hereby authorize the camp staff to provide medical treatment if they're able to. I also give Player Development Hoops and staff permission to refer my child to a medical treatment center (hospital, etc.) if needed. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my child for physical illness or injury that they may sustain during the camp/ clinic/ training.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by their participation, and I further release Player Development Hoops and its staff from any claims for personal illness or injury that my child may sustain during the camp.

Name of Parent or Guardian: _____

Date: _____ Signature of Parent or Guardian: _____

Photo/Media Consent Form

Dear Parent/Guardian:

Player Development Hoops LLC would like your permission to take photos and videos of your child participating in our basketball programs and events including training, practice, games, clinics, and camps. We randomly take photos and film during these times and would also like your permission to post them on our website or any form of advertisement including posters, flyers, banners, Facebook, Instagram and more!

Please fill out the information below. Thanks for being a part of Player Development Hoops!

I _____ grant Player Development Hoops LLC permission to take pictures of my child and use my child's name, picture, portrait, photograph, image, videos or voice in all forms and media in all manners on their website and any form of advertising for the program. I also waive any right to inspect or approve the finished product.

Child's Name _____ Grade/age: _____

Parent/Guardians Name: _____ Signature: _____

Date: _____