

HIGH FIVE HOOPS REGISTRATION and WAIVER FORMS

Please fill out this registration and waiver form completely and mail to:
HIGH FIVE HOOPS | PO Box 12513 | Columbus, OH 43212

I wish to enroll child in the High Five Hoops Basketball Academy.
Please have athletic or gym shoes for these days. Thank you

For questions, complete schedule, and costs, please visit www.highfivehoops.com



Participant Name _____

Male or Female (please circle one) Age: _____ Grade in School: _____

Parent/Guardian Name _____

Parent email _____

Best Phone (_____) _____ Emergency Contact (_____) _____

Street Address _____

City _____ State _____ Zip _____ School/City _____

Circle t-shirt size: Youth XS(4-5) S(6-8) M (10-12) L (14-16) XL (16+)

Circle Session Attending: Fall (September-December) Winter (January-March) Spring (March-May) Summer (June-August)

School/Location: _____ Day: _____ Time: _____ Cost: \$ _____

WAIVER AND REI EASE (please sign and date)

I, the undersigned parent/guardian/participant, in enrolling in the High Five Hoops Basketball Academy, understand that he/she/I, in attending any basketball program and using the facilities, does/do so at his/her/my own risk. High Five Hoops, Inc., and its owners, employees, and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my/family in or about any programs on the premises.

Participants and parents/guardians assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I do/does hereby fully and forever release, discharge, and hold harmless High Five Hoops, Inc., Shaun Kearney, and all associated facilities, and its owners, employees, and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or arising out of any person's participation in any programs or use of its facilities. In addition, he/she/I agree(s) to follow the rules of play and conduct set by the High Five Hoops Basketball Academy He/she/I understand(s) that failure to do so may result in suspension from participation.

I also hereby and herein authorize the directors of High Five Hoops, Inc., or any agents working on their behalf, to act in my stead for the purpose of acquiring emergency medical attention for my son or daughter or ward. I impose upon the assumptors of this duty the responsibility to act with reasonable care and caution and release and waive all liability for any injuries and illness incurred while at the camp in the event same is performed pursuant to such standard. By my signature hereunder, I warrant that my son/daughter/ward is in good physical condition, has no undisclosed medical problems, illnesses or disabilities, and is capable of full and active participation in the basketball academy. I also represent my son/daughter/ward has received a physical within the last year and is medically competent to participate in the activities at the academy.

Signature of Parent/Guardian

Date