

Parental Consent Information:

Must be signed for applicant to participate.

By signing the release and indemnity agreement, we the parent(s), natural guardian(s), and/or legal guardian(s) of the minor: _____, herewith knowingly and intentionally consent and authorize the above named minor to participate and engage in the basketball program, High Plains Hoops Youth Basketball League.

We fully understand the risks involving personal injury which may arise during the course of the basketball program, and voluntarily assume said risks and further agree on our own behalf and on behalf of the minor named above to release, indemnify and hold harmless High Plains Hoops, coaches, any referees, or scorekeeper, and assignees from any and all liability that the minor named above may sustain while participating in any sports activity---game, practice or otherwise.

As parent or guardian of above participant, I hereby give consent for any emergency treatment as approved by his/her coach or other adult escort, in case of illness or injury while participating in this athletic program. I understand that this is to prevent undue delay and assure prompt treatment and that only a licensed physician will be engaged for such an emergency. Parents will be notified in case of serious illness or injury as quickly as they can be reached.

High Plains Hoops, its staff, facilities and instructors will not be held responsible for any injury or loss that might occur in the course of this program.

Photos may be taken of my child for league use.

I have read, fully understand and agree to the terms of the Acknowledgement of Risks, Liability Release, Agreement and Refund Policy.

Parent/Legal Guardian Signature

Printed name of Parent/Guardian

Date

SPECIAL REQUESTS:

**Please note that all requests cannot be honored, but we will attempt to honor your requests if feasible.
The rosters will be locked after registration is complete.
No switching of teams may occur once rosters are finalized.

COACHING: Our program is dependent upon volunteer coaches. Are you as a parent willing to help coach a team if needed? Yes: _____ No: _____ Maybe: _____

SCHOLARSHIP: Would you like to make a donation to provide a scholarship for a needy child?
Scholarship donation \$ _____

REGISTRATION FEE:

Registration fee: \$90 for all participants---\$5 Sibling and Military Discount available

Please make all checks payable to: High Plains Hoops

No refunds will be given after the first game of the season

For further information, please call: 575-760-8786 or email: bscarp33@hotmail.com

FOR OFFICE USE ONLY

Amount Paid _____ () M.O. () Cash () CCard () Check # _____

Receipt \$ _____ Received by _____ Date _____