



## LEAGUE REGISTRATION FORM

**LEAGUE FEE: \$35 per player w/team / \$45 individual player \*NO PERSONAL CHECKS  
COACH & TEAM NAME: \_\_\_\_\_**

**\*\*Cash and Money Orders can be made payable to South Texas Hoops\*\*  
and mailed to PO Box 12382, San Antonio, TX 78212**

**\*\* (PLEASE PRINT) \*\***

**PLAYER'S LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_**  
**AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_ SEX: M / F (circle one)**  
**ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_**  
**SCHOOL ATTENDING: \_\_\_\_\_ HEIGHT \_\_\_\_\_ POSITION PLAYED \_\_\_\_\_**  
**# OF YEARS PLAYED \_\_\_\_\_ OPEN FOR TEAM TRYOUTS: YES / NO**  
**MOTHER'S NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_**  
**FATHER'S NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_**  
**E-MAIL ADDRESS (PLEASE PRINT) \_\_\_\_\_**  
**EMERGENCY CONTACT/RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_**  
Health Insurance Carrier \_\_\_\_\_  
Policy # \_\_\_\_\_  
Phone # \_\_\_\_\_

**In the event of an emergency, I authorize the South Texas Hoops staff to take my child to the nearest emergency facility. I also give my consent for any and all necessary treatment if my child is injured while participating in this program.**

**(MUST SIGN) Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_**

☐ **Yes, I will donate \$5 to The South Texas Hoops Scholarship Fund to support Youth in need of financial assistance.  
\*\*Please enclose the additional \$5 with league fee. Thank you for your support.\*\***

### Agreement

I hereby give permission for my child to participate in South Texas Hoops Leagues & Tournaments. The authorization shall waive, release, and absolve South Texas Hoops, its staff and volunteers, any host facility, and sponsors from any and all liability for injury or illness incurred in the league. I give the staff permission to act for me according to its best judgment in any emergency. I also certify that my child is in good health and capable of safe participation in South Texas Hoops Leagues, Tournaments, and Practices. I also give permission to the South Texas Hoops Leagues & Tournaments and other participating agencies and sponsors to use any and all photographs and/or video/audio of myself and child obtained while participating in the South Texas Hoops Leagues & Tournaments. This is an opportunity to provide positive information about the program and opportunities provided by the sponsoring agencies in our community and to celebrate the activities of our Youth.

**(MUST SIGN) Signature of Participant/Guardian \_\_\_\_\_ Date \_\_\_\_\_**

### STAFF USE ONLY

**RECEIPT# \_\_\_\_\_ DATE \_\_\_\_\_ STAFF \_\_\_\_\_**

**PROGRAM FEE \_\_\_\_\_  
SCHOLAR FUND \_\_\_\_\_  
TOTAL PAID \_\_\_\_\_**