



LEAGUE REGISTRATION FORM

LEAGUE FEE: \$35 Per Player W/Team / \$45 Individual Player

COACH & TEAM NAME: _____

*****NO PERSONAL CHECKS ACCEPTED. Cash/Money Orders can be made payable to South Texas Hoops****

****(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 _____ JERSEY SIZE: _____
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. I understand that fees are non refundable unless we are unable to place a player. 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 _____