

2020 INTEGRITY HOOPS ACADEMY REGISTRATION FORM

Please print. Use one form per participant. (Please complete and return to integrityhoopsacademy@yahoo.com)



PARTICIPANT INFORMATION

Last Name _____ First Name _____

Date of Birth: _____ Age: _____ T-Shirt Size: _____ YS / YM / YL / AS

School: _____ Grade (Fall 2019) _____

PARENT INFORMATION

(Mother/Father) _____

Home Phone _____ Cell Phone(s): _____

Address: _____

City _____ Zip _____

Email address: _____

Friend/Family to be called in an emergency if parent/guardian cannot be contacted:

Name _____ Phone _____ Relationship _____

Please list any known allergies or medical conditions: _____

I hereby authorize Integrity Hoops Academy Coaches or Staff Representatives to release my child **ONLY** to the people listed below (authorized carpool):

Name _____ Phone Number _____

Name _____ Phone Number _____

ACADEMY & PAYMENT INFORMATION

Each session is \$175.00 for all seven sessions. Register by Monday, March 2nd and receive a discount of \$15.00. Payment can be made via check, PayPal or Venmo. Please visit www.integrityhoopsacademy.com for additional academy details and information.

SPRING 2020 SESSION

BOYS/GIRLS (Ages 7-12)

MONDAYS: 4/6, 4/13, 4/20, 4/27, 5/4, 5/11, 5/18

3:30- 5:00 pm

(Christ Lutheran Gymnasium, Rancho Palos Verdes)

Please Select Payment Method:

Check (Payable to Integrity Hoops) _____ **Venmo** (To: @Integrity-Hoops) _____

PayPal (To: IntegrityHoopsAcademy@yahoo.com) _____

Please email completed form to integrityhoopsacademy.com. Questions? Call Coach Heather at 310-344-0592 or Stacey at 202-409-5243. Thank you!



INTEGRITY HOOPS IDEMNITY AND GENERAL RELEASE

- I confirm that my child/the Participant (named above) is in appropriate mental and physical condition to participate in this basketball clinic.
- I do not know of no mental or physical problems, which may affect the Participants' ability to safely participate in this activity.
- I do hereby release, forever discharge, and agree to hold harmless Integrity Hoops Academy staff and coaches from any and all liability, claim of demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the above-named person(s)/participant(s).
- In the event that my child is injured, or should require medical or dental attention while participating in this camp or class, I hereby authorize the overseeing representatives or instructors to secure necessary medical treatment. I also acknowledge that ultimately I will be responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.
- I give my permission for any videos or photographs taken of the student to be used on the Integrity Hoops Academy website, social media or any media/ communication publication. No child will be identified by name (nor "tagged"). All photographs may be used solely to promote IHA, this training class or Integrity Hoops Academy. My **acceptance or denial** of the use of general photography in this event, for purposes related to media publications (online or hardcopy) is indicated below by my signature of Media Release.

Through my signature I verify that I have read the indemnity and General Release, accept these terms and conditions.

Indemnity and General Release

Signature _____ Date _____

Media/Photography Release:

Signature _____ Date _____

INTEGRITY HOOPS ACADEMY PARTICIPANT EXPECTATIONS

Parents, please review the following program expectations with your child and have them sign.

1. I will have a good attitude and treat participants and coaches respectfully.
2. I will work hard and give my best effort.
3. I will complete homework as assigned.
4. I will come prepared for each session, be focused and ready to learn.
5. I will have fun!

I have read the participant expectations and I agree to abide by them as written. I understand that if I do not comply with these expectations it will result in me not getting the most out of my IHA experience.

Participant Signature

Signature _____ Date _____

Parent Signature

Signature _____ Date _____