

Physical Activity Readiness Questionnaire (PAR-Q)

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: (Check YES or NO)

YES

NO

☐☐

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

☐☐

2. Do you feel pain in your chest when you do physical activity?

☐☐

3. In the past month, have you had chest pains when you were not doing physical activity?

☐☐

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

☐☐

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

☐☐

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

☐☐

7. Do you know of any other reason why you should not do physical activity?

If you

answered:

YES to one or more questions

Consult with your personal physician by telephone or in person before increasing your physical activity or participating in a fitness program. For your safety, the Hoop Code cannot allow you to exercise in its facilities until we receive a Physicians' Approval Form from your doctor.

****Your doctor may email or text the Physician's Approval Form to thehoopcode@yahoo.com or 832-465-4744****

I have read, understood, and completed this questionnaire. Any questions I had were answered to full satisfaction. I agree to abide by the safety rules and instructions of all Hoop Code workout facilities and all Hoop Code Employees. I also agree that all use of the Hoop Code facilities and workout techniques shall be undertaken at my own risk, and the Hoop Code Organization and Hoop Code employees shall not be liable for any injuries or any damage to me or my property, or be subject to any claim, demand, injury or damages whatsoever, including, without limitation, those damages resulting from acts of active or passive negligence on the part of the Hoop Code, Land Mark Community Center, Crossing Point Church, any substitute workout facility or its officers, agents or staff. I, for myself, and on behalf of my executors, administrators and assigns, do hereby expressly forever release and discharge James Bailey, the Hoop Code, its successors and assigns, as well as its officers, agents and staff, for all such claims, demands, injuries, actions or cause of action.

Student's Full Name (please print) _____

Signature _____

Date _____

Parent's/Guardian's Full Name (please print) _____

Signature _____

Date _____

Team _____

The Hoop Code Athletics

Assumption of Risk/ Release and Indemnification Agreement

Participant's Name: _____

Events: All The Hoop Code training sessions, games, practices and camps

Location: All Venues and Locations

Dates: Entire year of 2022-2023

I realize my/my child's participation in athletic workouts, games and camp activities carries risk of injury/illness, even when all rules are followed and conditions are optimal. Even in the best facilities with adequate supervision, use of all protective equipment and compliance with all of the rules there remains and inherent risk of injury/illness in any physical activity, and risk is increased with contact sports/ basketball.

I acknowledge that my/my child's participation in The Hoop Code workouts, games and camps may expose me/him/her to hazards or risks that may result in illness, personal injury or death. I acknowledge that I am aware of risks of injury/illness and I am knowledgeable concerning the rules, equipment and practices being employed by The Hoop Code personnel to minimize my/my child's risk of sustaining an injury/illness while participating in all work outs, games and activities. I/my child agree to use all protective equipment and follow all rules and instructions from The Hoop Code officials regarding safety. Also, I/ my child has no known physical infirmities which could worsen or aggravate by participation and I declare myself/him/her/ physically fit and in good medical condition to engage in all athletic activities.

In consideration of my/my child being permitted to participate in work outs, games and camp activities and to use the program's facilities and equipment, I hereby accept all risk to my/ my child's health and of my/his/her injury or death that may result from such participation. I hereby release The Hoop Code, its Board of Directors, officers, employees, representatives and James Bailey from all liability in any way resulting or arising from any injuries (including death), damage, loss or costs that may incur as a result of my/my child's participation in The Hoop Code sports activities, games and camps. I intend this release to be binding upon my heirs, executors, administrators and assigns. I further agree to indemnify and hold harmless The Hoop Code and it's governing board, officers, employees, representatives and James Bailey from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the describe Activity.

I have carefully read this agreement and I understand that it is a legally binding document that affects my/ my child's legal rights and remedies.

Participant (18 of age and Older)/ Parent Guardian Signature

Date

Signature of Witness (21 years of age or Older)

Date

I give The Hoop Code permission to seek medical attention on my child's behalf in the case of a medical emergency situation for which I am not present.

Parent/ Guardian

Date

[The Hoop Code. Com](http://TheHoopCode.Com)
Basketball Camp Application

Name: _____ Date of Birth: _____

Age: _____ Grade: _____ School: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Facebook /Twitter Address: _____

Mother's Name: _____

Cell Phone: _____ Email: _____

Father's Name: _____

Cell Phone: _____ Email: _____

If you live with a guardian other than your birth parents, please strike through mother/father. Specify their relationship above mother/father then fill in the correct information.

Emergency Contact: _____ Phone: _____

Insurance Carrier: _____ ID#: _____

School Coach's Name: _____ Cell/Home Phone: _____

School level played on last season: _____

Previous Summer Team: _____ Level: _____

Summer Coach: _____ Cell/Home Phone: _____

How long have you played basketball? _____

Height: _____ Weight: _____

Jersey Size: _____ Short Size: _____ T-Shirt Size: _____

Do you have an AAU Card? Yes / No

If not, you must purchase one before your first competition.

The Hoop Code Media Release Document

I, _____ grant The Hoop Code and James Bailey, its directors, officers, employees, agents, and designees (of The Hoop Code) non-revocable permission to capture my image and likeness in photographs, videotapes, motion pictures, recordings, or any other media (collectively "Images") without me being paid or compensated on the date of image capture and no date thereafter including all future dates and projects. I fully nor my child and/or heirs may be compensated for any media image of me or my child used by The Hoop Code or James Bailey. I waive my rights and my child's rights to any royalties or compensation.

I acknowledge that The Hoop Code and James Bailey will own such Images and further grant The Hoop Code and James Bailey permission to copyright, display, publish, distribute, use, modify, print and reprint such Images in any manner whatsoever related to The Hoop Code and James Bailey's business, including without limitation, publications, advertisements, brochures, web site images, or other electronic displays and transmissions thereof for profitable or non-profit endeavors. I further waive any right to inspect or approve the use of the Image by the The Hoop Code and James Bailey prior to its use. I forever release and hold the The Hoop Code and James Bailey harmless from any and all liability arising out of the use of the Images in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images, including without limitation, claims for invasion of privacy rights or publicity by me and all of my heirs.

Printed Name _____

Signature _____

Address _____

Date _____

I hereby certify that I am the parent and/or guardian of _____ a child under the age of 18 years, and I hereby consent that any Images (as defined above) of my child may be used in accordance to this agreement by The Hoop Code and James Bailey without current or future compensation to me, my child or our heirs.