



EliteHoopLab Youth Basketball Training Waiver

Please read and sign the waiver below to participate in the training sessions.

Participant's Full Name

First Name Last Name

Date of Birth

Month Day Year

Parent/Guardian's Full Name

First Name Last Name

Parent/Guardian's Phone Number

Please enter a valid phone number.

Emergency Contact Name

First Name Last Name

Emergency Contact Phone Number

Please enter a valid phone number.

Medical Conditions or Allergies (if any)

I, the undersigned, hereby waive and release any and all rights and claims for damages I may have against the organizers, coaches, and facility for any injuries sustained while participating in basketball training sessions. I understand that participation in sports carries inherent risks and I agree to assume those risks. I also give permission for emergency medical treatment to be administered if necessary.

Date

Month Day Year

Email

example@example.com

** Please understand when signing this waiver that you're also granting permission for us to take promotional photos or videos of your child(ren) in training. This media may be posted on our website for any advertising and promotional purposes only.