

Hoop Or Get Hooped Up

2026 Team Development Registration

Participant Registration Fee: \$ 350.00 every 3 months or \$150.00 per month

Coach Andre' Henderson 602-413-6193. Email: hooporgethoopedup@gmail.com

The legal guardian will take full responsibility of injury to their child, and acknowledges

Hoop Or Get Hooped Up **DOES NOT** provide medical insurance and is thereby not responsible for any injury or medical costs. Sign here _____

No refunds will be granted after start date.

Program Information

- Training involves Learning Fundamental Skills, Developing Strength and Building Confidence.
- Basketball is tough and this is not a YMCA program, we focus on developing strong kids.
- We don't not congratulate under performers or hand out participation trophies.
- Practices will be 2-3 times a week (Outside/Inside, 2-5 hours per week).
- Indoor games/practice facilities may be provided for additional cost divided up between the team.
- Practice Information will be on the website hooporgethoopedup.com • Scheduled games will be determined based on player/team development.

Player Code of Conduct

- I will respect myself, coaches all other teammates and players. **I WILL NOT LAUGH AT OTHERS!**
- I will show good sportsmanship and not engage in bullying, pushing and or fighting.
- I will practice every day and will participate and follow directions at practices and in games.
- I will learn how to become coachable, not cry and fight through adversity. I will learn how to be disciplined but have fun at the same time.

Parent Code of Conduct

- I will always respect and show good sportsmanship with all teams, players, parents, staff and officials.
- I will be a fan, parent, or a cheerleader for my child/team. **NOT THE COACH OR ASSISTANT COACH!**
- I will teach my child respect, honesty, and will encourage my child to practice every day.
- Multiple player absences from practices and or games can affect the player and team chemistry.
- Failure after a pre-warning for violating any these terms can result in a dismal from the program.

Participant Name: _____

Age _____ DOB _____ Gender _____ Shirt/Shorts Size _____

School _____ Grade _____

Parent/Guardian _____ Phone # _____

Home Address _____

City _____ State _____ Zip _____

I _____ have read and I understand the Refund Policy regarding participation with AAL. By signing below, you have agreed to the Refund Policy, Parent Code of Conduct and the listed participant above to participate in the AAL activities.

Parent Signature _____ Player Signature _____