

Clinic/Camp Registration and Medical Release Form
 For Participation in activities of
 HoopSmart, Inc. ("HoopSmart")

NAME: _____
 STREET ADDRESS: _____
 PHONE: _____ AGE: _____ DOB: _____
 SCHOOL: _____ GRADE: _____ SSN#: _____

MOTHER

FATHER

 Name

 Address

 City State Zip

 Daytime Telephone Number

 Name

 Address

 City State Zip

 Daytime Telephone Number

EMERGENCY INFORMATION

I hereby authorize HoopSmart staff or anyone they designate, to treat my son/daughter
 _____ for injuries or illness that may occur while at HoopSmart functions.

Initials: _____

I authorize necessary medial treatment to any hospital designated by HoopSmart or its representative.

Initials: _____

It is understood the parents or their agents will be called upon to give additional authorization if advanced treatments
 (MRI, lab tests, surgical procedures, etc...) are necessary.

Initials: _____

I am aware as a parent of the above participant - that I will be responsible for providing proper insurance information to
 HoopSmart prior to participation in any HoopSmart programs.

Initials: _____

Insurance Company: _____

Policy Number: _____ Group Number: _____

Family Physician: _____ Phone: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Parent Signature: _____ Date: _____

Medical Release Form

The following information is to be completed by the parent or legal guardian of the participant.

1. Is the participant under a doctor's care? If so, explain

2. Allergic to any medications? If so, explain

3. Chronic medical conditions? (i.e. diabetes, asthma, heart murmur) If so, explain

4. Is the student currently taking any medication(s)? If so, explain

5. In the last year, has the participant: EXPLAIN

Had a major illness?	YES	NO	
Been hospitalized?	YES	NO	
Undergone surgery?	YES	NO	
Been unconscious?	YES	NO	

Received an injury from basketball related activities?

YES NO _____

IT IS THE SUGGESTION AND RECOMMENDATION OF HOOPSMART THAT EACH PARTICIPANT HAVE A MEDICAL EXAMINATION PRIOR TO THE PARTICIPATION IN THIS ATHLETIC ACTIVITY.

Initials: _____

IF THE PARTICIPANT IS ASTHMATIC, USSA REQUIRES THAT THEY KEEP PROPER MEDICATION AT THE TRAINING SIGHT (i.e. inhaler)

Initials: _____

I hereby certify that I understand and agree to the following.

1. Basketball involves a variety of movement and motions – including but not limited to jumping and running – therefore - participation in these athletic activities involves some amount of inherent danger and risk of personal injury. I, _____ (parent/ legal guardian) hereby assume all risks involved with _____ (participating student) participating in these basketball activities. I realize and acknowledge that improper or proper conduct during the athletic activity could result in catastrophic injury, paralysis, or even death.
 2. I hereby agree to indemnify and hold harmless HoopSmart and all HoopSmart directors and staff for any injury that the above named participant may incur while participating in HoopSmart programs.
 3. My son/daughter (circle one) is a volunteer participant in the training that HoopSmart provides. My son/daughter (circle one) will only partake in this training under the direct supervision of a HoopSmart instructional staff member.
 4. In the event that HoopSmart uses facilities other than their own and an accident or injury should happen, I hereby agree not to hold liable the facility, company, organization, proprietor, or its employees of the location that HoopSmart is utilizing.
 5. I am aware as a parent/ guardian of the above named participant, that I will be responsible for providing proper insurance coverage and insurance information to HoopSmart prior to the participation of any HoopSmart training.
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STATEMENT: I HAVE CAREFULLY READ THIS DOCUMENT AND I UNDERSTAND AND ACCEPT THE INFORMATION AND REQUIREMENTS THEREIN.

Parent/ Guardian

Signature: _____ Date: _____

Participant's Signature: _____ Date: _____
