REGISTRATION FORM INFORMATION

*Child's Name (Last)	*(First)		*Cell Phone		
*Address	*City	*State	*Zip		
*Emergency Phone		*E-Mail			
*Current Grade	*School				
PLEASE	FILL OUT PROGRA	AM INFORMA	ATION BELOW		
*Program Will Be Pa	rticipating				
*Location	*Day of Week		*Time		
-	Hoops Education or PO Box 5005 Buffa Syment in full is requir	alo Grove, IL 6			
The Hoops Education LLC and to camp. Parents should connecessary. As a condition of participant's parents. The participant's parents. The participant's parents assume full responsession and so hereby fully a staff, its owners employees, present or future, whether the participants participation in the company of the participants participation in the company of the company of the participants participation in the participants part	d its staff do not assume lial intact their own insurance of enrollment, the following articipant, in attending Play his own risk. Hoops Educate sustained by the participant is consibility for any damages and forever exonerate and coagents from any and all claim the same be known, anticipated the clinic session and in the context.	bility for any injuries carrier to get addit disclaimer of liabil Hard Hoops prograntion LLC and its stated during the program or injuries which madischarge Hoops Edums demands, damagated, or unanticipate	T WE SHOULD BE AWARE OF incurred while at camp or on the war ional insurance for the participant, if ity must be signed and dated by thems and using any contracted Play Hard ff shall not be liable for any damage or at the facilities. The participant and ay occur to the participant during the location LLC and the program facility, it ges, rights of action or causes of action ed, resulting from or arising out of the		
Signature of parent/guardian	1		Date		