

NY EXTREME HOOPS LLC | REGISTRATION FORM

2024



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Circle one or more below

Clinic

Camp

AAU

Training

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip _____

E-mail address: _____

Age: _____ Last school grade completed: _____ Male/Female _____

Parent/Guardian(s) Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In case of emergency, contact _____ Phone: _____

T-Shirt Size _____

Special concerns (allergies, medications, medical conditions, etc.) _____

Health Insurance Company _____ Phone: _____

Group Number: _____ ID Number: _____

Physician's Name: _____ Phone: _____

Person authorized to pick up child: _____

Note: For safety, no children will be permitted to leave the building unattended. You must enter the building to pick children up in the gym

(Continued on next page...)

I understand that there is always a possibility that my child may sustain physical illness or injury while at this camp. If this occurs, I hereby authorize the camp staff to provide medical treatment if they're able to. I also give NY Extreme Hoops and staff permission to refer my child to a medical treatment center (hospital, etc.) if needed. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my child for physical illness or injury that they may sustain during the camp.

Understanding that there is always a possibility that my child may sustain physical illness or injury, I acknowledge and understand that my child is assuming the risk of such physical illness or injury by their participation, and I further release NY Extreme Hoops and its staff from any claims for personal illness or injury that my child may sustain during the camp.

Name of Parent or Guardian: _____

Date: _____ Signature of Parent or Guardian: _____

Photo/Media Consent Form

Dear Parent/Guardian:

NY Extreme Hoops LLC would like your permission to take photos and videos of your child participating in our basketball programs and events including training, practice, games, clinics, and camps. We randomly take photos and film during these times and would also like your permission to post them on our website www.nyextremehoops.com or any form of advertisement including posters, flyers, banners, facebook and more!

Please fill out the information below. Thanks for being a part of NY Extreme Hoops!

- Kristi Dini kdinihoops@gmail.com 914-755-0534

I _____ grant NY Extreme Hoops LLC permission to take pictures of my child and use my child's name, picture, portrait, photograph, image, videos or voice in all forms and media in all manners on their website www.nyextremehoops.com and any form of advertising for the program. I also waive any right to inspect or approve the finished product.

Child's Name _____

Grade/Age _____

Parent/Guardians name _____

Parent/Guardian Signature _____

Date: _____

Mail to:

Kristi Dini/NY Extreme Hoops
20 Cherry Lane
Putnam Valley NY 10579

Any additional questions please email Kristi at kdinihoops@gmail.com or call her cell 914-755-0534