

2008 San Antonio Summer Hoops Summer League

Individual Registration Form

Name of Player: _____

Full Address: _____

City: _____ Zip: _____

Age: _____ Height: _____

Grade for school year 2008 - 2009: _____

School/Team to play with this summer: _____

Coach Name: _____

*Athletes/Parents: Please complete and return this form
and proper payment to your team coach.*

*League Play will begin on June 3rd. All schedules for practices are done by your individual coach. Schedules for games will be available from either your coach, or on our website, www.sasummerhoops.com after May 26th.

The following statements must be signed by a parent or guardian and should be read carefully:

I hereby give my child permission to participate in the San Antonio Summer Hoops program. The authorization shall waive, release, and absolve San Antonio Summer Hoops, any host facility, or its league staff from any and all liability for injury or illness incurred in the league. I give the staff permission to act for me according to its best judgment in any emergency.

I also certify that _____ has no physical problems which would impeded his/her participation in the San Antonio Summer Hoops League other than those noted on an attached sheet of paper.

Signed _____ Relationship to child _____

Home Phone _____ Business phone _____

Other phone(s) _____

Jersey Size: Adult S _____ M _____ L _____ XL _____ XXL _____

(Please make as many copies as necessary)

