

BASKETBALL ACADEMY w/ Coach Beez

Registration

(Please Print Neatly)

Athlete's Name: _____ Age: _____ Gender: _____ Birthdate: _____
Current Grade : _____ How did you hear about us: _____
Parent's Name: _____ E-Mail: _____ very important)
HM. Phone: _____ Cell Phone: _____ Bus. Phone: _____
Address: _____
City: _____ Zip: _____ T-SHIRT SIZE: _____
Emergency Contact: _____ Phone(s): _____
Medical Condition we should be aware of: _____ Medical Insurance: _____
Policy Number: _____ Group Number: _____ Phone Number: _____

Checks made payable to: **Beeuwsaert Basketball.**

Please mail check and registration form(s) to:

Beeuwsaert Basketball

145 W. Mariposa

Unit A,

San Clemente, CA 92672

NO REFUNDS

If you have any questions please call Coach Beez at 949-547-5944

or email your questions to basketballwithcoachbeez@cox.net

Please read and sign the

AUTHORIZATION FOR AGENT

TO CONSENT TO MEDICAL TREATMENT OF A MINOR and ACKNOWLEDGMENT OF RISKS RELEASE AND INDEMNIFICATION AGREEMENT

Without a parent/guardian signature the athlete will not be able to participate
in the Basketball Academy w/ Coach Beez.

AUTHORIZATION FOR AGENT

TO CONSENT TO MEDICAL TREATMENT OF A MINOR

In the event of any emergency in which my child requires medical care, I authorize the staff of **Beeuwsaert Basketball Academy** and **Los Caballeros Racquet & Sports Club** to act for me and to obtain for my child whatever medical treatment the staff in its best judgment deems necessary and appropriate. I specifically consent to any X-ray examination, anesthetic medical or surgical diagnosis or treatment and hospital care of _____ (name of Child) deemed advisable by a licensed physician and surgeon and provided by that physician or under that physician's supervisions, regardless of where the treatment is provided. I will be responsible for any medical or other charges in connection with my child's attendance at the **Beeuwsaert Basketball Academy or Beeuwsaert Basketball Camp.**

ACKNOWLEDGMENT OF RISKS

RELEASE AND INDEMNIFICATION AGREEMENT

I acknowledge that at the **Beeuwsaert Basketball Academy or Beeuwsaert Basketball Camp** my child will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including contact with a hard surface and that at the **Beeuwsaert Basketball Academy or Beeuwsaert Basketball Camp**, my child may incur a serious injury. In consideration of my child being permitted to participate in the **Beeuwsaert Basketball Academy or Beeuwsaert Basketball Camp** and to use the program's facilities and equipment, I agree to accept all risk to my child's health and of my child's injury or death that may result from such participation and I release **Beeuwsaert Basketball, Los Caballeros Racquet & Sports Club**, its governing board, members, officers, agents, employees, volunteers, and representatives from any and all liability to my child.

Parent/Legal Guardian _____ Date: _____