

# BASKETBALL w/ Coach Beez Registration

(Please Print Neatly)

Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Birthdate: \_\_\_\_\_  
Current Grade : \_\_\_\_\_ How did you hear about League: \_\_\_\_\_  
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: \_\_\_\_\_

Please make checks payable to: **Matt Beeuwsaert** .  
If sending by post, please mail your check, registration and release form(s) to:  
**Matt Beeuwsaert 33811 Mariana Dr., Dana Point, CA 92629**

### **NO REFUNDS**

If you have any questions please call Coach Beez at 949-547-5944  
or email your questions to [basketballwithcoachbeez@cox.net](mailto: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 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 and/or 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, Beeuwsaert Basketball Camps, and/or Beeuwsaert Basketball private basketball trainings.**

**ACKNOWLEDGMENT OF RISKS  
RELEASE AND INDEMNIFICATION AGREEMENT**

I acknowledge that at the **Beeuwsaert Basketball Academy, Beeuwsaert Basketball Camps, and/or Beeuwsaert Basketball private basketball trainings**, 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 my child may incur a serious injury. In consideration of my child being permitted to participate in the **Beeuwsaert Basketball Academy, Beeuwsaert Basketball Camps, and/or Beeuwsaert Basketball private basketball trainings**, 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, Matt Beeuwsaert, its governing board, members, officers, agents, employees, volunteers, representatives, Los Caballeros Racquet & Sports Club, The City of Dana Point, The City of **Fountain Valley** & The City of Laguna Niguel from any and all liability to my child.

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Printed Name \_\_\_\_\_ Child's Name: \_\_\_\_\_