

**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

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: _____