



Player Information

Name: _____ DOB: _____ M or F

Address: _____
street city, state zipcode

Parent Information

Mom's Name: _____
Address (if different from above): _____
email: _____
cell#: _____ home#: _____ work#: _____

Dad's Name: _____
Address (if different from above): _____
email: _____
cell#: _____ home#: _____ work#: _____

Are you already on the email mailing list? Yes or No
Do you wish to receive emails from Hoop Hunter? Yes or No

Medical Information

Allergies/Health problems: _____

Medical Release Form

I, _____, the undersigned parent/guardian of _____,
do hereby authorize the above child to attend HHB / BBI programs. I know that participation
in basketball may result in injuries to this child and in case of injury, I will not hold HHB / BBI
and/or its staff responsible for injury. I hereby authorize any qualified physician to provide
necessary medical care or attention to this child in the event of an emergency situation.

Signed: _____ Date: _____
Parent or Guardian