



DIVISION OF HPVBA

### HPBA Programs

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Address \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 City \_\_\_\_\_ Email \_\_\_\_\_  
 State/Postal Code \_\_\_\_\_ School & Grade \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Email \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Email \_\_\_\_\_ Emergency Phone \_\_\_\_\_

#### Medical concerns that we should be aware of (if any)

HP Basketball School. 1 Month/\$175       Girls Development Clinics (10 session) \$175.00  
 Boys & Girls Pre Season Basketball Boot camp (8weeks) \$175.00  
 Membership \_\_\_\_\_ 1 month \$35.00      \_\_\_\_\_ 3 months \$80.00

#### Waiver of Release of Liability and Assumption of Risk Agreement

I acknowledge and fully understand that \_\_\_\_\_ will be engaging in activities that involve risk of serious injury including permanent disability and death, and causing severe social and economic losses which may result not only from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.

#### Consent to Treat

By signing below, I consent for, \_\_\_\_\_ to receive any available treatment (Under the "Good Samaritan Statutes") from any staff at the sites where competitions are held including any of the following; coach, school/team physicians, nurses, athletic trainers, and coaches/security certified in CPR/First Aid. My signature Releases, Waives, Discharges The High Performance Volleyball Academy or it affiliates from any responsibility pertaining to the aforementioned. I the undersigned have read the above waiver, release and understand it. I also understand that I have signed this document voluntarily, intelligently and with full knowledge of its legal consequences as the guardian for \_\_\_\_\_.

#### Payment

Check payable to HPVBA \_\_\_\_\_ Check # \_\_\_\_\_ Received by \_\_\_\_\_  
 Credit Card    V ( )    MC ( )    Amex ( )    D ( )    Card # \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ Code \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_