

**HOOPS SCHOOL**  
**POST CLINIC REGISTRATION**  
**& WAIVER**

**PARENTS' NAME:** \_\_\_\_\_

**ADDRESS (Number, Street and Zip):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**CHILD/ CHILDREN'S NAMES:** \_\_\_\_\_

**Age and Grade:** \_\_\_\_\_

**SCHOOL (next yr):** \_\_\_\_\_

**# of years experience:** \_\_\_\_\_

**To be completed by parent:**

I hereby acknowledge that in playing or practicing basketball, my child assumes a risk. I acknowledge by signing this "waiver" that I do not hold Heidi Burge Horton, nor Hoops School, nor any employee, volunteer or the site of Trinity Lutheran School, gymnasium or Church (or any other alternate gym where the clinic may take place) responsible for the loss, damage, personal injury, illness or death of myself or my child under the provision of this "summer clinic." I have no knowledge of any physical impairment or condition that would prevent my child from successfully learning, training, or competing in the Basketball practice sessions. I agree to provide medical insurance information if and when necessary; or to cover any cost incurred by the injury or event of loss, illness or death to my child while under the provision of this program.

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**In case of emergency, please call (name & telephone)** \_\_\_\_\_

**COMPLETE, SIGN & ENCLOSE CHECK/PAYMENT**

Mail to:  
**HEIDI BURGE HORTON**  
14122 Myrtlea Drive  
Houston, Texas 77079