



## REGISTRATION AND WAIVER

### PARTICIPANT'S INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Circle all sports that apply:    Basketball    Volleyball

### IN CASE OF AN EMERGENCY PLEASE CONTACT:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

In consideration of my participation in the activities of Home Court Advantage, I agree to hold HCA, and its officers, employees, agents, servants, and members, free from liability, and I do, for myself, my heirs, and my personal representatives, forever waive any and all claims for damages which I may have or which my hereafter occur due to my participation in activities at HCA. I know HCA advises that I have medical approval to do so. HCA expects all program participants to uphold the rules and regulations of HCA.

I understand that HCA will not tolerate any violations of its rules. I agree to conduct myself in an orderly manner, both courteous and respectful to all. I shall maintain good sportsmanship. I understand that if I fail to uphold HCA rules and regulations I may forfeit my privileges to participate in the program.

Participant's / or if under 18 / Guardian's Signature \_\_\_\_\_

Date: \_\_\_\_\_