

# C3 Sports Hoops Academy

Learn. Grow. Compete.

## Fall Clinic Registration form

Child Name: \_\_\_\_\_ m/f Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_

-----DISCLAIMER-----

*The above information is true to the best of my knowledge. I/We, the parent(s) or guardian(s) of the above-named player, hereby give my/our approval for the player to participate in all C3 Sports Hoops Academy activities. We understand that C3 Sports reserves the right to return any fees and revoke the membership of any player whose behavior fails to meet the standards of C3 Sports. I/We know and accept the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent or guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Furthermore, we do hereby waive, release, indemnify and agree to hold harmless C3 Sports, Christ Community Church and all organizers, sponsors, supervisors, participants and representatives from any injury sustained during the activity. If a dispute arises over this agreement or any claim for damages or injury, the participant (or parent or guardian) agrees to resolve the matter through a mutually acceptable arbitration process. I also agree to allow C3 Sports and Christ Community Church to utilize photographs or likeness of my child created from their participation without my approval in advance of such use and without financial or other compensation due to me. Promotional materials may include but are not limited to newspaper articles, brochures, fliers, videos and/or our website.*

Parent/Guardian Signature: \_\_\_\_\_

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

\*Checks (\$10) can be made payable to: **C3 Sports**