

HUSTLE BASKETBALL CLUB REGISTRATION FORM

Teams for Boys & Girls Ages 7 to 17

1. PLAYER INFORMATION

Name	А	ge	Gender		
Birth date	Curre	ent Grade	School		
Medical Conditio	ns or Medications				
2. FAMILY INF	ORMATION				
Parent 1 Name	Phone	#	Email Address		
Parent 2 Name	Phone	#	Email Address		
Street Address	City	State	Zip Code		
3. CLUB ME	MBERSHIP OPTIC	ONS			
\square OPTION	IEMBERSHIP - \$1,275				
•	 Guarantees a player participation in 4 Club Leagues. \$2450 (payment for 2 same household players in the Club) Includes all Team events, games, practices & uniforms. 				
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☐ OPTION	2 - DIAMOND - 9-MO		•		
•	Guarantees a player par	-			
	 \$1950 (payment for 2 same household players in the Club) Includes all Team events, games, practices & uniforms. 				
•	includes all Team event	s, games, pract	oices & uniforms.		
☐ OPTION	3 - GOLD - 6-MONTH	MEMBERSI	HIP - \$695		
•	Guarantees a player par	rticipation in 2	Club Leagues.		
•	\$1290 (payment for 2 s	-	_		
•	Includes all Team event	s, games, pract	tices & uniforms.		
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- Guarantees a player participation in 1 Club League.
- \$690 (payment for 2 same household players in the Club)
- Includes all Team events, games, practices & uniforms.

4. JERSEY & SHORT SIZE - Adult S, M, L, XL, 2XL Vouth S, M, L, XL

•	Reversible Jersey	Top -	Size	Jersey Shorts -	Size
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5. INSURANCE INFORMATION

Medical Insurance Company	Medical Policy Number		
Doctor	Doctor Phone #		
Emergency Contact	Emergency Contact Phone #		

5. CONDITIONS FOR MEMBERSHIP

- I hereby grant permission for my child to participate in Performance Basketball's Hustle Basketball Club. I understand that as a condition of acceptance, the undersigned, on behalf of all parents and guardians and on behalf of the participant, hereby releases Performance Basketball Clinics LLC, Hustle Basketball Club, its owner, instructors or agents from any and all liability for any injuries or illnesses incurred while participating in Hustle Basketball Club
- I hereby authorize the instructors of Hustle Basketball Club & Performance Basketball Clinics LLC to act for me according to his/her best judgment in any emergency requiring medical attention for my child.
- The undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.
- I hereby authorize Performance Basketball Clinics LLC and Hustle Basketball Club to use my child's name & video or photograph at any time & in any manner in connection with its advertising, publicity & public relations programs.
- Hustle Basketball Club & Performance Basketball Clinics LLC reserves the right to dismiss any player whose conduct is unsatisfactory. Hustle Basketball Club is for well-adjusted players who treat others with respect & value each player's right to a positive experience.

Parent/Guardian Signature

Date

6. PAYMENT

- Payment in full is required at the time of registration.
- Please make check payable to **Performance Basketball Clinics**.
- Mailing Address:

Performance Basketball 520 Lunalilo Home Road #231 Honolulu, HI 96825

- If paying by **credit card**, please register on-line at the Performance Basketball website **(www.pbclinics.com)**