



HUSTLE BASKETBALL CLUB REGISTRATION FORM

- Teams for Boys Ages 7 to 15
- Teams for Girls Ages 7 to 11

1. PLAYER INFORMATION

Name	Age	Gender
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Birth date	Current Grade	School
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Medical Conditions or Medications

2. FAMILY INFORMATION

Parent 1 Name	Phone #	Email Address
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Parent 2 Name	Phone #	Email Address
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Street Address	City	State	Zip Code
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3. CLUB MEMBERSHIP OPTIONS

OPTION 1 - PLATINUM - 4 LEAGUE MEMBERSHIP - \$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.

OPTION 2 - DIAMOND - 3 LEAGUE MEMBERSHIP - \$1,025

- Guarantees a player participation in **3 Club Leagues**.
- **\$1950** (payment for **2** same household players in the Club)
- Includes all Team events, games, practices & uniforms.

OPTION 3 - GOLD - 2 LEAGUE MEMBERSHIP - \$695

- Guarantees a player participation in **2 Club Leagues**.
- **\$1290** (payment for **2** same household players in the Club)
- Includes all Team events, games, practices & uniforms.

OPTION 4 - SILVER - 1 LEAGUE MEMBERSHIP - \$395

- 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**
Youth S, M, L, XL

- **Reversible Jersey Top** - **Size** _____ **Jersey Shorts** - **Size** _____

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**)