



2010-2011 Player Registration Form

Our mission is to be the premier basketball academy in the country providing the highest quality coaching to committed athletes. We provide a structured training environment at a world class facility geared to develop team success as well as individual player growth. We strive to achieve maximum potential to create opportunities for our player beyond travel team basketball.

Please make all checks payable to:

HAX

3203 Jack Northrop Ave
Hawthorne, Ca 90250
P 310-219-0600

Player Information:

Player Name: _____ DOB: _____ Age/Grade: _____

Players requested to play with and or coach to play for: _____

Address: _____ City/Zip: _____

Basketball Experience (in years): _____ Travel Team _____ Rec League

Current Team or Previous Team _____

Parent Information:

Parent/Guardian(s) Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

HAX Information and Release

I hereby give my permission for the above player to participate at HAX in the tryout/ basketball program. I understand that as a condition of admittance as a participant, I the undersigned, release HAX, Its officials and members from any liability for any injury or illness, mental or physical, due to the players participation during or related to HAX. In the event of any accident or injury, I (we) the undersigned parent(s)/Guardian(s) give my/ (our) consent for emergency medical care prescribed by a duly licensed doctor of Medicine and/or Doctor of Dentistry. I hereby grant authority to a qualified physician or dentist to render such medical treatment as said physician and/or dentist deems necessary under the circumstances and to preserve the life, limb or well being of my dependent.

Parent Guardian Signature: _____ Date: _____

Parent Guardian/Name(print): _____