

# Boca Hoops Basketball - *The Academy*

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

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

D.O.B. \_\_\_\_\_ (M) (F) Phone #: \_\_\_\_\_

E mail: \_\_\_\_\_

**I do hereby release and forever discharge any and all rights and claims for damages against The Academy faculty, Boca Hoops Inc. and its representatives. Furthermore, I certify that the named applicant is in good health, and is capable of participating in The Academy. I understand that the accident insurance provided is a secondary coverage with a deductible.**

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

CLINIC #1: \_\_\_\_\_

CLINIC #2: \_\_\_\_\_

CLINIC #3: \_\_\_\_\_

Total Paid: \_\_\_\_\_ (cash) \_\_\_\_\_ (check #) \_\_\_\_\_

**Mail in: Boca Hoops - The Academy  
PO Box 6068  
Boca Raton, Florida 33427**