



## REGISTRATION FORM

Player Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade as of Sept. 2025 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy / Girl (Circle)

Parent/Guardian Phone \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

### CHECK ALL THAT APPLY (Training Sessions already included for Total and Compete Memberships)

Group Training Session 1: \_\_\_\_\_

Group Training Session 2: \_\_\_\_\_

Group Training Session 3: \_\_\_\_\_

Group Training Session 4: \_\_\_\_\_

AAU Membership: \_\_\_\_\_

Compete and #ATTACK Membership: \_\_\_\_\_

Total #ATTACK Membership: \_\_\_\_\_

- 10% Sibling Discount applied to all sibling registrations

- Tuition payments accepted:
  - Check/Money Order payable to Sean Strickland. Cash also accepted.
  - Venmo @SeanStrickland
  - PayPal (4% fee)
  - Credit card (4% fee) at <http://coachstrick.net/Hoops/Registration.html>
- Once any part of tuition is paid, no refunds will be given for any reason.
- Can return completed registration form via text, email, or mail.



## **WAIVER AND RELEASE OF LIABILITY**

**DISCLAIMER: STRICK HOOPS, LLC, its coaches, employees, representatives, agents, vendors, and independent contractors, shall not be responsible for any injury to any person or loss of any property which occurs as a result of participation in any basketball tryouts, camps, clinics, practices, tournaments or other programs, run, sponsored or supported by STRICK HOOPS, LLC.**

The undersigned, on my own behalf and on behalf of my minor children or wards, hereby releases and holds STRICK HOOPS, LLC harmless for any or all claims for personal injury, wrongful death or property loss or damage arising out of, in connection with, participation in STRICK HOOPS, LLC Activities, its equipment and facilities and any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims that may be made by me, my family, estate, heirs, or assigns.

I am aware of the risks to persons and property posed by engagement in the STRICK HOOPS, LLC Activities. I am voluntarily participating with knowledge of the risks involved in the STRICK HOOPS, LLC Activities and I hereby agree to accept any and all inherent risks of personal injury, death or property damage or loss. I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Pennsylvania, and agree that if any portion is held invalid, the remainder of the waiver and release will continue in full force and affect. I affirm that I am of legal age and freely sign this agreement on my behalf and on the behalf of my minor children or wards.

I authorize STRICK HOOPS, LLC to act on my behalf in the event of an emergency and agree to hold STRICK HOOPS, LLC harmless for any actions deemed necessary by STRICK HOOPS, LLC and taken in the event of an emergency.

Furthermore, I authorize STRICK HOOPS, LLC to use my minor children or wards name, like, and image (NLI) without using it for the sole purposes of profiting off of it.

**I have read this form and fully understand that by signing this form, I am giving up all legal rights and/or remedies which may be available to me for personal injury, wrongful death or property damage or loss arising out of, or in connection with, my (or my minor children's or ward's) participation in any basketball tryouts, camps, clinics, practices, tournaments or other programs, run, sponsored or supported by STRICK HOOPS, LLC.**

\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature Date

PLAYER NAME: \_\_\_\_\_