

2022-2023 Station5One Tournament Registration Form

Tournament Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **TEAM NAME** |  | | |
| **TEAM COACH** |
| **TELEPHONE** | **Home** | **Work** | **Cell** |
| **ADDRESS** | **City** | **State** | **Zip** |
| **EMAIL ADDRESS** |  |  |  |

Team Members

PLAYER’S NAME: (please print)

1.

2.

3.

4.

5.

6.

7.

8.

9.

10. 11.

12.

13.

14.

**JERSEY #**

*If paying by check please make it out to Midwest Hoopstars and mail to: 404 Olympia Dr. Bloomington, IL 61704*

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| --- |
| I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Midwest Hoopstars, Inc. and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Midwest Hoopstars, Inc. may result from the actions, omissions, or negligence of myself and others, including, but not limited to, MHI employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with myself/mychild(ren)’s attendance at MHI or participation in MHI programming. **I have read and fully understand this waiver.** |
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