BEA HOOPS

Official Athlete Registration & Liability Waiver

A Baker Elite Athletics Program

Building Elite Athletes. Building Better People.

ATHLETE INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____ Grade: _____

School: _____

Jersey Size: _____

PARENT / LEGAL GUARDIAN

Parent/Guardian: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION

Insurance Provider: _____

Policy Number: _____

Allergies / Medical Conditions / Medications:

_____

_____

ASSUMPTION OF RISK & LIABILITY RELEASE

Participation in basketball activities involves inherent risks including, but not limited to, falls, collisions, sprains, fractures, concussions, illness, permanent disability, and death. By signing below, I voluntarily allow my child to participate in BEA Hoops LLC practices, training sessions, leagues, tournaments, travel related to team activities, and other program events, understanding these inherent risks.

In consideration of my child's participation, I release and hold harmless BEA Hoops LLC (Baker Elite Athletics, LLC), its owner, coaches, directors, employees, volunteers, and agents from claims arising out of the ordinary risks associated with participation, except where prohibited by applicable law.

EMERGENCY MEDICAL AUTHORIZATION

If I cannot be reached, I authorize BEA Hoops LLC to obtain emergency medical treatment for my child. I understand I am responsible for any resulting medical expenses.

PHOTO & MEDIA RELEASE

I authorize BEA Hoops LLC to photograph and/or record my child during program activities and to use those images or videos for team, website, social media, promotional, and educational purposes without compensation.

ACKNOWLEDGMENT

I certify that the information provided is accurate. I have read and understand this Registration & Liability Waiver and agree to comply with BEA Hoops LLC policies and expectations.

SIGNATURES

Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Sam Baker
Founder & Program Director
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