



Registration Form:

First Name _____ Last Name _____

Gender _____ Grade _____

Parent Guardian:

Work Phone _____ Cell Phone _____

Emergency Contact:

Name _____ Home Phone _____

Cell Phone _____

Medical Information:

Doctor's Name _____

Allergies (if non please state so) _____

Other Medical Conditions _____

Medical Consent Form

In the event of an accident, injury or illness of the below named participant, consent is hereby given to any x-ray examination, anesthetic, medical or surgical diagnoses or treatment and hospital care which is deemed advisable by and is to be rendered under the general special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the Medical Staff employed by the director of the Emergency department of an appropriate medical facility depending on injury. (This authorization as it relates to a minor, is given pursuant to the provision of Section 25.8 of the Civil Code of California) I release the Hangar Athletic Xchange & its elected representatives, agents & employees from any and all claims, demands, liability or loss which may arise as a result of participating in the above activity.

Release of Liability

I hereby certify that I am the parent or legal guardian of _____ (minor) who is participating in the activity conducted by the Hangar Athletic Xchange Basketball Camp Program. I further certify that said minor is in good health, has no physical or other impairment which would endanger him/her when participating in such a program. I absolve and hold harmless Hangar Athletic Xchange, its employees, officers or agents from any liability which may result from his/her participation in the above activity. If the participant is a minor, I also give my permission for his/her participation in activity, and for any necessary medical treatment. I understand Hangar Athletic xchange has no obligation to supervise my child(ren) at the close of the above activity, and I release Hangar Athletic Xchange, its officers, employees and agents from any liability resulting from any lack of supervision of my child(ren) at the close of the activity. Participants involved in hangar Athletic Xchange programs may be photographed and such photographs may be used to publicize Hangar Athletic Xchange programs and activities.

Parent or Guardian Signature: _____

Date: _____