



POPS Basketball Academy
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 Tel/Fax: 781-837-6005
 Email: nwholey@popsbasketball.com
 Web: www.popsbasketball.com



POPS Basketball Academy, Inc. Parent/Player Waiver

Player Name: _____ Parent Name(s) _____

Address: _____

City/Town: _____ State _____ Zip _____

Home Tel: _____ Parent Cell: _____ Birthdate: _____ Grade: _____

Parent E-Mail (required): _____ PRINT NEAT

Insurance Information (Must be completed in full!!!)

Insurance Carrier/Company _____

Policy Number _____

List Medical Conditions we should be aware of relative to your son or daughter participating in POPS Basketball Academy programs and/or before seeking medical treatment: _____

Player/Parent Code of Conduct

I agree to conduct myself in a sportsmanlike and socially responsible manner. I understand that negative behavior toward referees, staff of **POPS Basketball Academy, Inc.**, or our host facility, or any unsportsmanlike behavior toward fellow players, including taunting and playing to endanger, may result in suspension or expulsion from the program without refund.

 Player Signature

 Date

Parental/Guardian Authorization

As the parent or legal guardian of the above named registrant in **POPS Basketball Academy, Inc.** Programs, I hereby give my son/daughter permission to participate. I have read the POPS Philosophy, program rules and code of conduct. I understand and agree to abide by all aspects of them. I understand that they are participating in a contact sport in which injury, even serious injury, may occur and I assume all risks and hazards incidental to their participation in this program. I further release **POPS Basketball Academy**, its staff, and the host facility from all liability associated with my son/daughter's participation in POPS Basketball Academy Programs. I understand that my registration fee is non-refundable and non-transferable to another session or another player, except as specifically allowed by **POPS Basketball Academy**. I also grant **POPS Basketball Academy**, its staff and designees, permission to seek emergency medical care for my son/daughter. I certify that the insurance information provided is correct and current and agree to assume all responsibility for any medical expenses incurred.

 Signature of Parent or Legal Guardian

 Date

Please note: space is limited & demand is high. Please get your team and/or individual player registrations in as soon as possible. Players will be accommodated on a first come first served basis. Past participants will receive priority placement. POPS Basketball Academy, Inc., reserves the right to return/refuse any application based on program space limitations and/or at the Program Director's discretion.