

2027-2028 Hustler's Basketball Registration Form

Child's Name: _____ **Gender:** _____ **Grade:** _____ **Age:** _____

Address: _____

City: _____ **Zip:** _____

Phone: _____ **Cell:** _____ **School:** _____

Parent/Guardian's Name: _____

Email Address: _____

Emergency Contact: _____

Phone: _____

Family Doctor: _____ **Hospital in case of emergency:** _____

Shirt Size: (Circle One) Youth: S M L Adult: S M L XL

Special Request:

Waiver

I, _____, the parent/guardian of the registrant, a minor, do agree and will abide by all the rules of the Winston Salem Hustler's (WSH). I recognize the possibility of physical injury associated with participating in WSH sponsored activities, and in consideration for the WSH providing these activities, do release the WSH and its staff members from all liability for any injuries sustained while on WSH property and/or participating in WSH activities.

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY

Amount Paid: _____

Date: _____

Staff: _____