



Department of Parks and Recreation

MINI/JR HOOPSTER BASKETBALL LEAGUE

REGISTRATION FORM



NAME OF PARTICIPANT: _____ TEAM/DISTRICT: _____

ELIGIBILITY: Children grades K – 3rd. Participants may register in their designated **GRADE ONLY**.

Boy _____ Girl _____

DIVISION: _____ Mini Hoopster: **K and 1st** grade _____ Junior Hoopster: **2nd and 3rd** grade

PARTICIPANT INFORMATION (PRINT)

ADDRESS:

(Street) (City) (State) (Zip Code)

TEL. No. _____ / _____ / _____
(Residence) (Business) (Cell/Other)

CHILD'S BIRTH DATE: _____ AGE: _____

IN CASE OF EMERGENCY NOTIFY: _____ / _____ / _____
(Name) (Relationship) (Phone)

FAMILY DOCTOR: _____ PHONE NUMBER _____

PARTICIPANT'S MEDIA RELEASE:

I grant permission to the County of Kaua'i to use photographs and videos taken of my child, for publication in print or electronic documents and to offer the photographs and videos for use or distribution without notifying me for a period of five years from date of signed release. As such, I understand that the use of said photographs and videos will be limited to productions set forth by the County of Kaua'i, Department of Parks & Recreation Programs in the State of Hawai'i. I hereby agree to release and hold harmless the County of Kaua'i from and against any claims, damages, or liability from or related to the use of the photographs and videos.

PARENT'S OR GUARDIAN'S WAIVER OF CLAIM AND INDEMNITY AGREEMENT:

For and in consideration of the County's providing the above mentioned program, we, the undersigned, jointly, individually and in any representative or legal capacity, on behalf of our respective selves, heirs, executors and /or administrators, do hereby waive, release, discharge and agree to hold harmless and indemnify the COUNTY OF KAUAI, it's officers, employees and agents, individually and in their capacity, from all liability or loss of any claim for death, injury, or damage to property resulting directly or indirectly from the undersigned participant's participation in the program. We further avow that our aforesaid waiver, release, discharge, and agreement shall be applicable to any owner of a facility and/or property at or upon which the program is held.

PRINT NAME OF PARENT OR GUARDIAN

DATE _____

SIGNATURE OF PARENT OR GUARDIAN

If you need an auxiliary aid/service or other accommodation due to a disability, contact Melanie Okamoto at (808) 241-4462 and Mokamoto@kauai.gov as soon as possible. Requests made as early as possible will allow adequate time to fulfill your request. Upon request, this notice is available in alternate formats such as large print, Braille, or electronic copy