



Athlete Evaluation / Parental Waiver

Last Name: _____ First Name: _____ 2016-17 Grade: ____ Height: ____

Team (or School) & Level (Varsity, JV, A team, etc): _____

Family or Parent Email Address: _____

What are your main strengths as a basketball player?

(1) _____

(2) _____

What are the main weaknesses that you are looking to improve?

(1) _____

(2) _____

(3) _____

Medical Information

Please list any current or prior medical concerns that Hoops Training should have knowledge of:

Emergency Contact Information

Name: _____ Name: _____

Relation to Athlete: _____ Relation to Athlete: _____

Phone #: _____ Phone #: _____

Consent Waiver:

I authorize Hoops Training employees to act in their best judgment in any emergency requirement of medical attention. I hereby release Hoops Training and the employees of the facility used in training from any and all liabilities for any injury or illness incurred while participating in a Hoops Training session. I have no knowledge of any physical impairment that would be affected by the above named athlete participating in the Hoops Training program.

Signature of Parent/Guardian

Date

www.HoopsTraining.com

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