



Membership Form

Name: _____ DOB: _____

Mother's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Marital Status: Single Married (if Married) Spouse's Name: _____

Father's Name: _____

Address (if different): _____

Home Phone: _____ Cell Phone: _____ Work: _____

Email Address: _____

Marital Status: Single Married (if Married) Spouse's Name: _____

Alternate Emergency Contact & Permission to pick up child other than Mother or Father

Name: _____ Cell Phone: _____

Relationship to child: _____

Name: _____ Cell Phone: _____

Relationship to child: _____

You are becoming a member of HOOPS Pat Burke's Training Facility, LLC. This is a year membership and will expire a year to date. This allows you to participate in any programs that the child/adult qualifies for.

When becoming a member you must fill out and sign the:

*Membership Registration Form *Medical History Form *Policies and Release of Liability Waiver

Members & parents must also read and understand the HOOPS Rules and Guidelines.

Member Signature (if an adult)

Date: _____

Print Name

Parent or Guardian Signature

Date: _____

Print Name