

MBA HIT SQUAD Registration Form

Montes
Basketball Academy

For More Information:

Call (305)409-3395 or **iLOVEHPS.net**

REGISTRATION

Last Name _____ First Name _____ D.O.B. _____
Grade _____ School _____ Age _____
Address _____ City _____ Zip Code _____
E-Mail(Confirmation and Pics are sent here, PLEASE PRINT) _____
Mother(Guardian) Name: _____ Cell Phone - _____
Father(Guardian) Name: _____ Cell Phone - _____

I do hereby remise, release, and forever discharge Montes Basketball Academy, their subsidiaries, sponsors, directors, officers, employees, agents, insurers, owners, and operators, hereinafter collectively referred to as Releasee, for any incidence of theft, accidents, or other damages that may occur during my participation in Montes Basketball Academy. I do hereby remise, release, and forever discharge releasee, from all liability for injuries that I may incur as a participant in Montes Basketball Academy. I consent to Montes Basketball Academy. its agents, photographers taking and/or using photographs of my son/daughter for promotional and/or marketing purposes..

Signature of Parent or Guardian: _____ Date: _____

