

ManhassetHoops.Com

Manhasset Men's Basketball Player registration form:

Name: _____

Address: _____

Cell #: _____ Emergency # _____

Email Address: _____

The Manhasset Men's Basketball Program will be held on Thursday nights from 8-10pm for twenty weeks. The fee is \$200 per person. Visit this page: <http://www.coleman-pension.com/hoops/manhassetpay.htm> to pay online.

Player Waiver: I certify that I am in good physical health and have no known problems that could affect my ability to participate in any basketball related activities. I currently have my own medical insurance. I will in no way hold Manhasset Pubic Schools, ManhassetHoops.Com and/or any of its affiliates, employees and/or representatives for any accident or injury that may occur during my participation in this basketball program. I have had a physical exam within the past year and was deemed healthy when examined.

Assumption of Risk & Waiver of Liability Relating to COVID-19

I acknowledge the contagious nature of COVID-19 and voluntarily agree to assume all risk that my family and/or I may be exposed to or infected by COVID-19 by visiting the Manhasset Public Schools property and accept sole responsibility for any injury to myself and/or my family, including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my family may experience or incur in connection with visiting the Manhasset Public Schools property or participating in any ManhassetHoops.Com programming ("Claims").

(Signature) _____

Please Print, Sign and Fax this form to (516) 627-1502

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