

## Player Registration Form Middle School/JV / High School / College

Name	School	Grade	
Address	Town	Zip	
Phone	Cell Phone		_
Email address			

By signing below, I release and agree to hold harmless and indemnify DeSantis Basketball Academy LLC, its offices, agents and assigns from any and all liability and claims associated with participation in any DeSantis Basketball Academy LLC program or activity. I certify that the participant is in good health and may participate in strenuous physical activity that may occur in some of our programs. I am the Participant, or Parent / Guardian (under 18 years of age) of the participant, and I have read this form and understand that by signing this form, I am giving up legal rights and remedies. I give permission to the DBA LLC to photograph, video and/or record myself or my child to use for promotional and/or advertising purposes. I am also taking on full responsibility for all financial obligations associated with the programs listed above.

Parent / Guardian signature \_\_\_\_\_

Contact Joe DeSantis 203 988 2865 more info online www.dbahoops.com
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