Station5ONE Registration Form

Station5ONE Facility, 404 Olympia Drive, Bloomington, IL 61704

Phone: 309-660-4854 [www.station5one.com](http://www.station5one.com/) [info@station5one.com](mailto:info@station5one.com)

NAME OF PARTICIPANT - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP - \_\_\_\_\_\_

PHONE -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| PROGRAM NAME | GENDER | GRADE | JERSEY  SIZE | FEE |
|  |  |  |  |  |
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|  |  |  |  |  |

[ ] CASH [ ] CHECK (PAYABLE TO MIDWEST HOOPSTARS INC)

CARD NUMBER -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXP DATE -\_\_\_\_\_\_\_\_

CARD HOLDER NAME -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CSC - \_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a user of the above Station5ONE/Midwest HoopStars NFP Facility, I recognize and acknowledge that there are certain risks of physical injury and I and those in my charge agree to assume the full risk of any injuries, including death, damages, or loss which I and those in my charge may sustain because of participating in and all activities connected with or associated with such use of Facilities. I agree to waive and relinquish all claims I and those in my charge may have because of use of Facilities against the Station5ONE and Midwest HoopStars and its ofﬁcers, agents, servants, and employees.

I do hereby fully release and discharge the Station5ONE and Midwest HoopStars and its ofﬁcers, agents, servants, and employees from all claims from injuries, including death, damage, or loss which I am those in my charge may have or which may occur to us on account of our participation in the use of the listed Facilities.

I further agree to indemnify and hold harmless and defend the Station5ONE and Midwest HoopStars and its ofﬁcers, agents, servants, and employees from all losses sustained from injuries, including death, damages and losses sustained by me and those in my charge and arising out of, connected with, or in any way associated with the activities in the use of Station5ONE and Midwest HoopStars Facilities

I have read and fully understand this waiver and understand my signature or my parent/guardian’s signature if I’m under 18, is required to take part in Station5One/ Midwest HoopStars programs.

Signature -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date - \_\_\_\_\_\_\_\_\_\_\_\_