California Heat Basketball
Player Registration

800-501-1510
www.californiaheat.org
coachhiggins@bballcamp.org

Sign Up for:		Comittment	Price
	Heat Basketball Program: Includes League, Practice, Fundamentals Clinic	3 Months	$100 per month
	Heat Basketball Program: Includes League, Practice, Fundamentals Clinic Minus 25% Sibling Discount	3 Months	$75 per month
	Weekly 2 Hour Fundamentals Clinic Only	1 Session	$30 fee
	Weekly 2 Hour Fundamentals Clinic Only	4 Sessions ($25)	$100 fee
		Total:	

I hereby agree to the financial responsibility for my child's participation in the above selected programs. By signing below, I acknowledge that I will responsible for all applicable fees and I understand that all monies paid toward the program(s) are non-refundable and nontransferable. I hereby authorize the staff of Higgins Athletic Corporation to act for me to their best judgment in any emergency requiring medical attention and I hereby waive and release HAC from any and all liability for injuries or illnesses incurred while participating in the program. I have no knowledge of any physical impairment that would be affected by the above named player's participation in the program. I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on this application, and I verify that the coverage information attached herewith is active, accurate and true. I also understand that HAC retains the right to use for publicity and advertising purposes photographs and or video of players taken during program events.

Name:
Age: DOB: M/F:
School:
Siblings to be Registered:
Address:
City, Sate Zip:
Email Adress:
Health Ins Co. ID#
Mother's Name
Mother's Cell Phone:
Father's Name:
Father's Cell Phone:

Signature Date