



**RSM LEGENDS
REGISTRATION FORM**

Player's Name	Date of Birth	Age	Parents / Guardian Name
Address	City	State	Zip
Home Phone	Cell	Parent's email address	
Preferred Doctor	Doctor Phone	Preferred Hospital	
Circle One	T-Shirt Size (Adult/Youth) S M L XL	Short Size (Adult/Youth) S M L XL	
<p><i>Waiver of Responsibility:</i> I do hereby remise, release, and forever discharge Ramos Sports Management and Ramos Hoops Academy, LLC, 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 the Ramos Sports Management and Ramos Hoops Academy, LLC.</p> <p><i>Release from Liability :</i> I do hereby remise, release, and forever discharge Releasee, from all liability for injuries that I may incur as a participant in the Ramos Sports Management and Ramos Hoops Academy, including, without limitation, any injuries that I may incur while being transported by Releasee to and from the Ramos Sports Management and Ramos Hoops Academy. I consent to Ramos Sports Management and Ramos Hoops Academy, LLC . its agents, photographer taking and/or using photographs of my son/daughter for promotional and/or marketing purposes.</p> <p><i>Refund Policy:</i> Academy dues are NOT refundable.</p>			
Parent or Guardian Signature	Date	Emergency Phone Number	

Phone: (786)238-0080
Email: coach@ramosjhoops.com
Mail Payments and checks payable to: Ramos Sports Management
P.O. Box 442927
Miami, Florida 33134