

# Hyde Park Neighborhood Club

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# OPEN GYM BASKETBALL

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Thursdays from  
6:40-8:30pm

5480 S Kenwood Ave

Cost: **FREE**

Open gym basketball at HPNC is for new as well as skilled players. HPNC staff will facilitate 5-on-5 full court games, open to all genders.

Open court basketball connects youth throughout the city with the goal of enjoying the game in a fun and safe environment. The free-play atmosphere provides youth agency with their play under the supervision of HPNC staff.



High school ID and waiver required

**Player information**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Home zip code: \_\_\_\_\_

Race (required for grant reporting):

- Hispanic/Latino     White     Black/African-American
- American Indian or Alaskan Native     Asian     Native Hawaiian or Pacific Islander

Email: \_\_\_\_\_

All participating athletes will be upheld to the following expectations. Not following these expectations may result in dismissal or suspension from Open Gym.

1. No use of illegal drugs, alcohol, or tobacco (you will not be able to enter the building if you smell like drugs or alcohol).
2. Practice and promote teamwork and good sportsmanship on and off the court.
3. Be respectful of your peers, coaches, and other HPNC staff.
4. Harassment (verbal/physical/sexual/etc.) of another student or staff member is prohibited.
5. Maintain good representation of HPNC, on and off building grounds.
6. Maintain use of positive language during open gym sessions and any forms of communication relating to HPNC.
7. Conduct oneself in a manner which will bring honor to HPNC’s basketball program.

Player signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/guardian information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Photo Release:** I give permission to the Hyde Park Neighborhood Club to take photographs and/or videos of my child during the regular course of program activities. I give my consent for these pictures and/or video to be used by HPNC and for HPNC’s print materials, website, and social media sites (i.e. Facebook, Twitter, Flickr, Google+, etc).     Yes     No

**Parent/guardian emergency care consent:** As a parent/legal guardian, I hereby give consent for my child to receive first aid by HPNC staff and, if necessary, transported to receive emergency medical care. I give consent for the HPNC staff to act for me in the event that my child needs emergency medical care. I understand that I will be responsible for all medical emergency charges.

**Waiver of Liability:** I agree that participation in this program at HPNC is without assumption or responsibility of any kind by HPNC, In consideration of the acceptance of this registration, I do hereby release and forever discharge HPNC, their officers, directors, employees, agents, and assigns, of and from any and all injuries, damages, claims, and demands, of any kind which may be suffered or sustained in connection with program activities. All claims of any kind or nature whatsoever are hereby waived, and I covenant not to sue.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_