



## Registration Form

### ATHLETE INFORMATION:

Athlete Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone#: \_\_\_\_\_

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

Please list any conditions requiring special consideration(Medical/Physical):  
\_\_\_\_\_  
\_\_\_\_\_

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### PARENT/GUARDIAN INFORMATION: (ONLY FILL THIS PORTION OUT IF ATHLETE IS UNDER 18YRS OF AGE)

Parent/Guardian Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### RELEASE FORM FOR USE OF PHOTOGRAPHY/VIDEOTAPE

I hereby give my permission to House of Hustle to use any photos or videotape material taken during training sessions, camps, events and clinics. The photos and videotape material will only be used for the company newsletter, website, or promotional material. As with all usage consent, you may at any time withdraw permission for photos or video footage of participant to be used on the website or future newsletters / promotional material via email address [dfw.houseofhustle@gmail.com](mailto:dfw.houseofhustle@gmail.com).

Permission is granted for: \_\_\_\_\_  
(Name of athlete) PLEASE PRINT

Athlete Signature: \_\_\_\_\_  
(Parent/Guardian signature, if athlete is under 18yrs of age.)

Date: \_\_\_\_\_