

Player Registration

Program Name: 2018-2019 JSBA Waiver Form

(Please print)

Player Name: _____

Date of Birth: _____ Age: _____ Gender: M ____ F ____

Grade: _____ School: _____ Shirt Size: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Player Cell: _____

Player e-mail: _____

Parent/Guardian 1 Name: _____

Address (if different from player): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

e-mail: _____

Parent/Guardian 2 Name: _____

Address (if different from player): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

e-mail: _____

Medical Information and Consent to Treat:

List any medical conditions or prohibitions: _____

As the parent or legal guardian for the above-named player, I hereby give consent for emergency medical care under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Guardian Signature: _____ Date: _____

I hereby certify that all information above is correct and in all consideration of participating in this or any JSBA event, that I assume full responsibility for _____ (player name). I understand that basketball, as with any other sport, contains a certain risk of injury. I agree not to hold responsible JSBA, its members, coaches, or other employees on account of any injury or loss or damage suffered as a result of a player participating in this or any JSBA event, including but not limited to games, practices, clinics and other activities. Furthermore, I agree to assume full responsibility and liability for travel and transportation to and from JSBA activities for my child, and any other child I may transport, and agree to hold JSBA, its members, coaches or other employees harmless from any injuries or loss or damage suffered as a result of said transportation.

Parent/Guardian Signature: _____ Date: _____

Printed name: _____