

2004 - 2005 TRACY NJB OFFICIAL PLAYER REGISTRATION FORM

In behalf of _____ (Player's name), my minor child, I hereby apply for his/her participation in NATIONAL JUNIOR BASKETBALL and to induce NATIONAL JUNIOR BASKETBALL to accept this application. I hereby warrant that both myself and my child are familiar with the risks associated with participation in an active sport such as basketball; furthermore, I warrant that my child is in good health, has no condition or defect which would interfere with his/her participation. In short, my child is active, in good health, and anxious to play basketball. I do hereby agree and consent to my child's participation in NATIONAL JUNIOR BASKETBALL during the current season, and also assume all risks and hazards which are incidental to the conduct of the activities. I hereby release, absolve, indemnify and hold harmless NATIONAL JUNIOR BASKETBALL LEAGUE, a California non-profit corporation, its officers, directors, employees, agents and any of them, their sponsors, organizers, and supervisors of any and all liability or damage, injury, or expense of any kind arising out of, or connected with, my child's participation in NATIONAL JUNIOR BASKETBALL LEAGUE. I am hereby informed that all rostered players are covered by an insurance policy in case of accident or medical emergency while participating in an activity sponsored by NATIONAL JUNIOR BASKETBALL. I further understand that in case of a medical emergency, my own personal medical plan, if I have one, will be used prior to the insurance provided through NATIONAL JUNIOR BASKETBALL. If I do not have a personal plan, the above insurance will take effect immediately. Participation in competitive athletics may result in serious injury. It is impossible to TOTALLY eliminate such occurrences from competitive sports. Players can reduce the risk of serious injury by obeying safety rules, following a proper conditioning program, and maintaining their equipment properly.

EVEN IF ALL THESE REQUIREMENTS ARE MET, AND EVEN IF THE ATHLETE IS IN EXCELLENT PHYSICAL CONDITION WITH PERFECT EQUIPMENT, SERIOUS ACCIDENT MAY STILL OCCUR. AS A CONDITION OF PARTICIPATION IN THE NATIONAL JUNIOR BASKETBALL PROGRAM BY:

(PLAYER'S NAME)

I ACKNOWLEDGE THAT I READ THIS CONSENT FORM AND KNOWINGLY, ON BEHALF OF MY CHILD, ASSUME ALL THE RISKS ASSOCIATED WITH PARTICIPATING IN ANY WAY IN THE NATIONAL JUNIOR BASKETBALL PROGRAM.

DATE

PARTICIPANT'S NAME: (PRINT)

PARENT/GUARDIAN SIGNATURE

ATHLETIC EMERGENCY CARD

Birthdate: Mo: ____ Day: ____ Yr: ____

(Print) Name: _____

Address: _____

City: _____

Zip: _____

Home Phone: () _____

E-Mail Address: _____

Father's Name: _____

Father's Occupation: _____

Father's Bus. Phone: () _____

Mother's Name: _____

Mother's Occupation: _____

Mother's Bus. Phone: () _____

Family Physician: _____

Physician's Phone: () _____

Current Grade: _____ ☐ Girl ☐ Boy

Height: _____ Feet _____ Inches

School: _____

Friend or relative to notify if parents can't be reached:

Name: _____

Phone: () _____

Name: _____

Phone: () _____

Special Notations Regarding Medical History:

If the above named person needs emergency medical treatment and neither a parent nor the family physician can be contacted, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

(SIGNATURE OF PARENT OR GUARDIAN)

UNIFORMS SIZES (please check one)

Jersey: YS <input type="checkbox"/>	YM <input type="checkbox"/>	YL <input type="checkbox"/>	AS <input type="checkbox"/>	AM <input type="checkbox"/>	AL <input type="checkbox"/>	XL <input type="checkbox"/>
Shorts: YS <input type="checkbox"/>	YM <input type="checkbox"/>	YL <input type="checkbox"/>	AS <input type="checkbox"/>	AM <input type="checkbox"/>	AL <input type="checkbox"/>	XL <input type="checkbox"/>

PARENT SECTION

We will need all parents to become involved in our NJB Program. All parents will be required to donate FOUR hours of time assisting their local board of directors:

Please check one of the following: (4)

- | | | |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Scorekeeper |
| <input type="checkbox"/> Team Parent | <input type="checkbox"/> Sponsorship | <input type="checkbox"/> Timekeeper |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Publicity | <input type="checkbox"/> General Help |
| <input type="checkbox"/> Board Member | | |