



# REGISTRATION FORM

Player's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age: \_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M or F Height (inches): \_\_\_\_ Weight: \_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Email Address (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Player's Skill Level (circle one): **Beginner**    **Intermediate**    **Advanced**

Preferred Session Day (circle all that apply): **Mondays**    **Wednesdays**    **Saturdays**

Years of Experience: \_\_\_\_\_ What Level Did You Play Last Season: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_



# Consent / Liability Release Form

In consideration of being allowed to participate in any way in JAMM Stars basketball sessions, related events and activities, the undersigned acknowledges, understands and agrees to the following terms and conditions:

Child's First Name <i>(Please print)</i>	Last Name	Gender	Date of Birth
Address	City	State	Zip
Parent/Guardian First Name(s)	Last Name	Any Medical Conditions or Allergies?	
Parent Day Phone	Parent Evening Phone	Parent Cell Phone	
Name of Emergency Contact (other than parents)		Emergency Contact Phone	
Health Insurance Company		Policy Number	
List Medical Conditions/Allergies:			
<p>I hereby agree to let my child participate in this activity. I am aware and familiar with the many ordinary and hazardous risks involved in this sport including, but not limited to, physical contact and the possible reckless conduct of other participants. I understand on behalf of myself and the JAMM Stars participant that I am assuming those risks. I hereby certify that my child is fully capable of participating in this sport and he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this activity, except as included in writing with this application. In addition to giving full consent for my child's participation, I do hereby waive, release, hold harmless and agree not to sue JAMM Stars, it's officers, coaches, sponsors, partners, supervisors and representatives (the "Releasees") for any liability, action, claim, loss, cost or expense of any kind arising directly or indirectly from any and all personal injury and bodily injury, disability, death, or loss or damage to person or to real or personal that may be sustained by the participant while involved in the training session whether the result of negligence or any other cause. I further agree to indemnify and hold harmless the Releasees from any loss, liability, damage or cost, including court costs and attorney's fees that may be incurred due to the participant's involvement or participation in JAMM STARS basketball sessions and related events and activities whether the result of negligence or any other cause. I agree that this agreement is contractual in nature and will be governed by the laws of the state of Florida. In the event that any portion of this agreement is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect. I grant permission for my child to receive emergency medical treatment. I grant JAMM Stars permission to use photo or video images of my child in future promotional materials.</p>			
Parent/Guardian signature			Date