

# Jackson Youth Basketball Association

## REGISTRATION FORM

(PLEASE PRINT)

NAME OF PLAYER \_\_\_\_\_

CURRENT GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PLAYER HOME PHONE # \_\_\_\_\_

**PLEASE SUPPLY THE NUMBER OF THE OLD JERSEY IF YOU PLAN ON NOT ORDERING A NEW JERSEY**

**MY JERSEY NUMBER FROM LAST YEAR IS \_\_\_\_\_ (required)**

SHIRT SIZE (circle one): YOUTH SIZE [ XS S M L ] ADULT SIZE [ S M L XL XXL ]

Height: \_\_\_\_\_Ft. \_\_\_\_\_inches

### PARENT/GUARDIAN NAMES

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(ADDRESS)

\_\_\_\_\_  
(CITY, STATE, ZIP)

\_\_\_\_\_  
(CITY, STATE, ZIP)

\_\_\_\_\_  
(HOME PHONE NUMBER)

\_\_\_\_\_  
(HOME PHONE NUMBER)

\_\_\_\_\_  
(CELL PHONE NUMBER)

\_\_\_\_\_  
(CELL PHONE NUMBER)

\_\_\_\_\_  
(EMAIL)

\_\_\_\_\_  
(EMAIL)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SIGNATURE)

**PLEASE ENCLOSE CHECK OR MONEY ORDER MADE PAYABLE TO "JYBA"  
OCTOBER 16, 2009 IS THE DEADLINE FOR APPLICATIONS**

MAIL THE COMPLETED APPLICATION FORM TO:

**Jackson Youth Basketball Association--PO Box 36046 • Canton, Ohio 44735**

**Oct. 22-26 will be player evaluations and player draft. Practices begin Oct. 28.**

LEAGUE FEES	With Jersey/Without Jersey
1st/2nd Grade (no player evaluation conducted) .....	\$60.00/\$50.00
3rd Grade.....	\$70.00/\$60.00
4th/5th Grade.....	\$80.00/\$70.00
6th Grade.....	\$80.00/\$70.00

\$10/additional child discount per family

**ADD \$10.00 per CHILD LATE FEE IF AFTER OCT. 16th**

I would like to help with sponsorship of a player, please contact me with information.

I'm interested in coaching in the JYBA \_\_\_\_Head Coach or \_\_\_\_Asst. Coach. Your youth league director will contact you with further information. Coaches application is at [www.jacksonbasketball.com](http://www.jacksonbasketball.com) (FORMS).

**JACKSON YOUTH BASKETBALL ASSOCIATION (JYBA)  
PARTICIPATION WAIVER AND RELEASE**

We, the Parent and/or Guardian(s) of \_\_\_\_\_ *name of child* acknowledge, understand, and agree that our child will be participating in physical activity and exercise that potentially involves risk of serious injury, harm, permanent disability, and/or death. We specifically understand that our child may be exposed to risks of harm or injury as a result of his/her own involvement, actions, inactions, and/or negligence and/or as a result of the actions, inactions and/or negligence of other participants, playing rules, and/or the conditions of the premises or equipment utilized. In consideration of the JYBA's acceptance of our child for participation in the events, programs, and/or activities of the JYBA, we hereby fully release and forever discharge the Jackson Local School District, the JYBA, its officers, agents, coaches, officials, directors, managers, volunteers, and/or the sponsors and/or the owners and lessees of any premises utilized to conduct the program events from and for any and all liability, including but not limited to, any claim, demands, expenses (including medical bills), damages on account of any injury, death, and/or damage to person or property caused or alleged to have been caused in whole or in part by the actions or omissions of Jackson Local Schools or the JYBA. We agree to indemnify and save harmless the Jackson Local School District and the JYBA from all claims or demands of every kind or character including, but not limited to, rights of subrogation. We will provide indemnification and cost of defense to the Jackson Local School District and JYBA for any future action that may be brought by any person and/or entity which may be asserted by reason of said injuries and/or damages or the effects or consequence thereof. This Release is expressly intended to cover and include all claims past, present, or future which can be asserted by us or on behalf of our child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**MEDICAL RELEASE:**

In the event that reasonable attempts to contact me have been unsuccessful, we give our consent for the administration of any emergency treatment deemed necessary by a licensed physician or dentist in the event that the preferred practitioner designated below is not available; and to transfer my child to the preferred hospital if and/or when reasonably accessible:

Preferred Physician: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

In the event of life threatening injuries requiring major surgery the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, must be obtained before the surgery is performed. Facts concerning my child's medical history including allergies, medications, and any physical impairment to which a physical should be alerted include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date