

Jackson Youth Basketball Association
Kindergarten Clinic

BOY'S REGISTRATION FORM

(PLEASE PRINT)

NAME OF PLAYER _____

CURRENT GRADE _____ AGE AS OF JAN 1, 2008 _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BIRTH DATE _____ PLAYER HOME PHONE NUMBER _____

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

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"
DECEMBER 15, 2007 IS THE DEADLINE FOR APPLICATIONS***

MAIL THE COMPLETED APPLICATION FORM TO:

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

LEAGUE FEES

Kindergarten.....\$40.00

\$10/additional child discount per family

ADD \$10.00 per CHILD LATE FEE IF AFTER DEC, 15th

Clinic will start on Saturday January 5th , 2008 @ Strausser Elementary School

Session 1: 3:00-4:00 AND Session 2: 4:00-5:00

You will be notified which session you son will need to attend

**Yes, I am interested in coaching (Please complete the coaches application form found on the website and return with your child's registration
www.jacksonbasketball.com**

**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