

“Registration Form”

___ Clinic ___ League ___ Travel Team

Name: _____

Address: _____

City/Twp.: _____

State/Zip: _____

Phone Number: _____

Date of Birth: _____ Height: _____

Grade: _____ Weight: _____

School You Attend: _____

Where have you played organized ball?

Do you have any physical ailments or medical Problems that we should know about? (if yes explain)

Family insurance carrier: _____

Emergency Contact: _____

Relationship to player: _____

Home Phone: _____

Work Phone: _____

Guardian Signature: _____

To Be Completed By SJJ Staff Only:

Registration Fee: _____ **Clinic Fee:** _____ **Travel Fee:** _____

Important Information:

I hereby certify that: _____
is in normal health and capable of participating
In any South Jersey Jazz Basketball Club Function

Release:

I hereby authorize The South Jersey Jazz, staff Members , volunteers and/or representatives to act for me using their best judgement in any Emergency requiring medical attention. I hereby release, discharge/indemnify The South Jersey Jazz, Staff , volunteers, affiliated organizations and their employees , associated personnel, including the Owners of facilities utilized for any Jazz program and/or being transported to or from the same , I also Understand that all exercise and the use of this facility is being undertaken at my own risk, and that I am responsible for any and all physical injuries, damages, or cause of actions whatsoever to persons or property resulting from or connected with the use of the services and facilities. The South Jersey Jazz Basketball Club skills clinic, Travel Teams, and leagues are participate at your own risk programs. The South Jersey Jazz and its contributing organizations cannot be held responsible for personal injury damages during functions. I also understand that all fees are non-refundable unless extreme circumstances warrant.

I have read the above release and agree to abide by it:

Guardian's Signature: _____

Date: _____

**Make Checks Payable To: South Jersey Jazz
Please Mail All Information to:
South Jersey Jazz Basketball Club
P.O. Box 633
Berlin, NJ 08009
(856) 583-0535**

