



Certification:

I hereby certify that _____ is in adequate health, is not suffering from any known physical ailments and/or conditions that could subject him to an increased risk of injury and is physically fit to participate in any and all South Jersey Jazz Basketball Club "Functions" including but not limited to basketball games, practices, tryouts, competitions, tournaments, clinics, leagues and scrimmages.

Release:

I hereby recognize that all South Jersey Jazz Basketball Club "Functions", including but not limited to the items listed in the above Certification, are athletic activities that inherently involve the risk of physical injury and harm. In this regard, I recognize that I and/or my child are participating in such activities exclusively at our own risk and that the South Jersey Jazz Basketball Club, including all of its staff members, directors, coaches, associated personnel, affiliated organizations, members, volunteers and representatives (hereinafter collectively referred to as "The South Jersey Jazz"), cannot be held responsible for any physical injuries resulting from my and/or my child's participation in such inherently dangerous athletic activities.

I hereby release, discharge and indemnify The South Jersey Jazz, along with the owners of any facilities and/or premises being utilized and/or rented by the South Jersey Jazz Basketball Club, for any and all physical injuries, damages, property damages and causes of action that I and/or my child may experience as a result of our participation in athletic basketball activities and/or through our use and enjoyment of said facilities. I hereby authorize the South Jersey Jazz to act on my behalf and in a reasonable manner in the event that my child experiences any emergency requiring immediate medical attention without me being present. I further acknowledge that, regardless of my child's physical injury and/or resulting inability to participate, any and all fees related to my child's participation in the athletic activities and/or functions described above are non-refundable.

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

Guardian's Signature: _____

Date: _____

Please bring this form and \$20/\$25 fee to tryouts. (\$20 - Early Registration, \$25 - Registration at Door) Players cannot tryout without either.

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

"Registration Form"

_____ Clinic _____ League _____ Travel Team

Name: _____

Address: _____

City/Twp.: _____

State/Zip: _____

Phone Number: _____

Email: _____

Date of Birth: _____

Height: _____ **Weight:** _____

Jersey Size: _____ **Short Size:** _____

Grade: _____

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:** _____