



## AAU/YBOA Basketball Registration Form



Guardian Name		Fall School	Guardian Street Address
Athlete First Name		Middle Name	Last Name
Date of Birth /    /	Age on 8/1	Guardian Phone (    ) _____ - _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell	
<b>Sizes</b> Jersey:      Short:      Shoe:		Guardian Email Address	
<b>Is this child covered by insurance?   <input type="checkbox"/> Yes   <input type="checkbox"/> NO (if not, please check Insurance waiver)</b>			
Age Bracket:		Division:	<b><input type="checkbox"/> Insurance Waiver:</b> I, the Guardian of this child, do not have my own Health/Injury insurance coverage. I assume all risks and hazards incidental to such participation without Health/Injury insurance coverage and do hereby waive, release, absolve, indemnity and agree to hold harmless, JTI, the host organization, the sponsors, supervisors, participants, volunteers and any other persons involved in JUNIOR THUNDERBIRDS INC..
<input type="checkbox"/> 7 <sup>th</sup> Grade (12-13 Yr Olds) <input type="checkbox"/> 8 <sup>th</sup> Grade (13-14 Yr olds) <input type="checkbox"/> 9 <sup>th</sup> Grade (14-15 Yr olds) <input type="checkbox"/> 10 <sup>th</sup> Grade (15-16 Yr olds) <input type="checkbox"/> 11 <sup>th</sup> Grade (16-17 Yr olds)		<input type="checkbox"/> 13 Under <input type="checkbox"/> 14 Under <input type="checkbox"/> 15 Under <input type="checkbox"/> 16 Under <input type="checkbox"/> 17 Under	
<p>I, the Guardian of the above named child, hereby give my approval to his/her participation in any and all Jr Thunderbirds Basketball activities during the current season. I understand that Basketball is a dangerous sport that may result in serious injury or even death. I assume all risks and hazards incidental to such participation including transportation to and from such activities, and I do hereby waive, release, absolve, indemnity and agree to hold harmless the (JUNIOR THUNDERBIRDS INC.), the sponsors, supervisors, participants, volunteers and persons transporting my child to and from activities for any claim arising out of injury to my child.</p> <p><b>Physical Examination:</b> I, the Guardian of this child, believe to the best of my knowledge that he/she can withstand the rigors of a football or cheerleading season. I, the Parent/Guardian, believe there is nothing physically/mentally wrong with my child. I, the Parent/Guardian, hereby give my approval to my child to participate in the upcoming season <u>without</u> a physical examination, although examinations are recommended. I assume all risks and hazards incidental to such participation without a physical and do hereby waive, release, absolve, indemnity and agree to hold harmless, JTI, the sponsors, supervisors, participants, volunteers and any other persons involved in JUNIOR THUNDERBIRDS INC..</p> <p><b>Fees &amp; Liability:</b> I understand that Guardians are responsible for the complete payment of registration and or fundraising fees. That there will be NO REFUNDS.</p> <p><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No-</b> My child's picture or likeness may be displayed on the JUNIOR THUNDERBIRDS INC./host organization websites.</p> <p><b>Conduct:</b> I understand that we are expected as parent/guardians to conduct ourselves in a civil manner at all Junior Thunderbird Inc. events, and failure to do so could result in expulsion from the event by the host organization and or League officials. <b>I understand that the consumption of alcohol and tobacco products is strictly prohibited at Junior Thunderbird Inc games and events.</b></p> <p><b>Parental Medical Treatment Authorization:</b> In the event of injury to my child, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances.</p> <p>I have read and understand all of the information on this document. My signature confirms my understanding.</p>			
Guardian Signature		Relationship	Date