

Reg # _____

In behalf of _____ (Player's Name), my minor child, I hereby apply for his/her participation in NATIONAL JUNIOR BASKETBALL and to induce NATIONAL JUNIOR BASKETBALL to accept this application. I hereby warrant that both my child and myself are familiar with the risks associated with participation in an active sport such as basketball; furthermore, I warrant that my child is in good health, has no condition or defect, which would interfere with his/her participation. I do hereby agree and consent my child's participation in NATIONAL JUNIOR BASKETBALL during the current season, and assume all risks and hazards, which are incidental to the conduct of the activities. I hereby release, absolve, indemnify and hold harmless NATIONAL JUNIOR BASKETBALL & Walnut NJB a California non-profit corporation, its officers, directors, employees, agents, sponsors, organizers, supervisors, volunteers, and facilities of any and all liability or damage, injury, or expense of any kind arising out of, or connected with, my child's participation in NATIONAL JUNIOR BASKETBALL LEAGUE. I am hereby informed that all rostered players are covered by an insurance policy in case of accident or medical emergency while participating in an activity sponsored by NATIONAL JUNIOR BASKETBALL. I further understand in case of a medical emergency, my own personal medical plan, if I have one, will be used prior to the insurance provided through NATIONAL JUNIOR BASKETBALL. If I do not have a personal medical plan, the above insurance will take effect immediately. Participation in competitive athletics may result in serious injury. Players can reduce the risk of serious injury by obeying safety rules, following a proper conditioning program, and maintaining their equipment properly. Even if all these requirements are met, and even if the athlete is in excellent physical condition with perfect equipment, serious accidents may still occur.

AS A CONDITION OF PARTICIPATION IN THE NATIONAL JUNIOR BASKETBALL PROGRAM BY:

(Players name)

I ACKNOWLEDGE THAT I READ THIS CONSENT FORM AND KNOWINGLY, ON BEHALF OF MY CHILD, ASSUME ALL THE RISKS ASSOCIATED WITH PARTICIPATING IN ANY WAY IN THE NATIONAL JUNIOR BASKETBALL PROGRAM.

Date

Parent/Guardian Signature

Email Address

ATHLETIC EMERGENCY CARD

Birth date: Mo: _____ Day: _____ Yr: _____

(Print) Name: _____

Address: _____

City: _____

Zip: _____

Home Phone: () _____

Father's Name _____

Father's Bus. Phone: () _____

Father's Cell /pager: () _____

Mother's Name _____

Mother's Bus. Phone () _____

Mother's Cell/pager () _____

Family Physician: _____

Physician's Phone: () _____

2002 - 2003 Grade: _____ Girl Boy

School: _____

Friends or relatives to notify if parents can't be reached:

Name: _____

Phone: () _____

Relationship: _____

Name: _____

Phone: () _____

Relationship: _____

Special Notations Regarding Medical History:

If the above named person needs emergency medical treatment and neither a parent nor the family physician can be contacted, consent is hereby granted for such emergency treatment considered necessary in the opinion of the attending physician.

(SIGNATURE OF PARENT OR GUARDIAN)

Uniform: YS YM YL AS AM AL AXL

PARENT SECTION

We need parents to become involved in our Walnut NJB Program. All parents will be required to donate FOUR hours of time assisting their local board of directors:

Please check one of the following (✓)

- Coach Asst Coach Scorekeeper
- Team Parent Sponsorship Concessions
- Fundraising Publicity General Help
- Board Member Tryouts Pictures

Verification

BC _____ GL _____ PD _____