



# 2017 7th Annual Chinatown Community Junior Basketball League

## PLAYER INFORMATION:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Dated: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Contact Tel. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ T-shirt size: Youth—  S  M  L  XL (Check one)  
Men's—  S  M  L  XL (Check one)

Father's name: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### OFFICE USE ONLY:

RECEIVED BY: \_\_\_\_\_ PAYMENT: \$ \_\_\_\_\_ . \_\_\_\_\_

AMOUNT: \_\_\_\_\_ DATE: \_\_\_\_\_

## CHECKS SHOULD BE MADE PAYABLE TO: NEW YORK ROCKITS ATHLETES IN ACTION

### AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY and MEDICAL RELEASE (Read before signing)

In the event that our child requires emergency medical treatment and we can't be reached, the administrators of the New York Rockits AIA have my permission to make emergency medical decisions in our stead.

(Note: If an emergency situation should arise, my child will be taken to the nearest medical facility for treatment)

Insurance Carrier: \_\_\_\_\_ Group No./Card No. \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Contact No. \_\_\_\_\_

Allergies if any: \_\_\_\_\_

In consideration of allowing my child to participate in the 2017 7th Annual Chinatown Community Junior Basketball League and its related events and activities, I, the undersigned acknowledges, appreciates, and agrees that

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal disciplines may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the NEW YORK ROCKITS ATHLETES IN ACTION, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. Parents are responsible for insuring that their children have been cleared by a physician to participate in the physical activities associated with NEW YORK ROCKITS ATHLETES IN ACTION Youth Basketball Program. By signing this waiver you hereby confirm that you have brought your child to a physician and that he or she has been cleared to participate in all physical activities of the NEW YORK ROCKITS ATHLETES IN ACTION Youth Basketball Program.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Dated: \_\_\_\_\_