

To complete this payment by mail, print out this form and mail with your payment to:

RSM/Tesoro NJB  
PO Box 80526  
Rancho Santa Margarita, 6  
92688



Option:

Donation:

Payment Type:

Authorization #:

### Player Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ GNDP: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Height (in): \_\_\_\_\_ Weight: \_\_\_\_\_ Yrs of Exp: \_\_\_\_\_ DIV: \_\_\_\_\_  
Comments: \_\_\_\_\_

### Parent/Guardian/Emergency Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Ph: \_\_\_\_\_  
Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Ph: \_\_\_\_\_  
Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Emergency Relationship: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Medical Carrier: \_\_\_\_\_  
Medical concerns: \_\_\_\_\_

### Volunteer Information

Volunteer Name: \_\_\_\_\_ Volunteer Position 1: \_\_\_\_\_  
Volunteer Position 2: \_\_\_\_\_

### Emergency Authorization and Disclaimer

#### Registration Membership Agreement:

On behalf of 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 myself and my child 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. In short, my child is active, in good health, and anxious to play basketball. I do hereby agree and consent to my child's participation in NATIONAL JUNIOR BASKETBALL during the current season, and also 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, a California non-profit corporation, its officers, directors, employees, agents and any of them, their sponsors, organizers, and supervisors 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 that 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 plan, the above insurance will take effect immediately. Participation in competitive athletics may result in serious injury. It is impossible to TOTALLY eliminate such occurrences from competitive sports. 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 ACCIDENT MAY STILL OCCUR. AS A CONDITION OF PARTICIPATION IN THE NATIONAL JUNIOR BASKETBALL PROGRAM BY:

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.

Print Name

Signature

Date