

# Saratoga NJB Hoops

# Player Registration Form 2016-17 Season Grades K-1

Player Name:		Mother/Guardian:
Address:		Work/ Cell Telephone:
City: Zip:		Email Address:
School:	Fall 201F Grade:	Father/Guardian:
Home Phone:		Work/ Cell Telephone:
Date of Birth:	Gender: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Email Address:
Returning player with R <input type="checkbox"/>		Emergency Contact Name:
Parent Volunteer :	Relationship:	Phone:

Registration Fees **Spring Season Player: \$ 275**

Make checks payable to "Saratoga Hoops "

and bring to West Valley College @ Fall Session 11/17/16 - 11/21/16

at 900 West Valley College Blvd, West Valley College, West Valley, CA 91791

or to Saratoga Hoops, 101 JFK Parkway, Short Hills, NJ 07078

Saratoga Hoops  
P O Box 2766  
Saratoga, CA 95070

California Corporate ID 9556804 Tax Exempt 501c

(408) 861-3670 Email: [maohara@saratoganjb.com](mailto:maohara@saratoganjb.com)

Fees payable in full before session on 11/17/16

Refunds: 50%: before 1st session and uniform is returned; 0%: after 3rd session

Volunteer Position	\$	
Full Player Fee	\$	
	\$	
	\$	
<b>TOTAL PAID</b>	\$	

If the above named player needs emergency medical treatment and neither a parent nor the family physician can be reached, consent is hereby granted for such emergency treatment as may be considered necessary by an attending physician.

Player's Physician: \_\_\_\_\_  
Physician's Telephone #: \_\_\_\_\_  
Insurance Plan/Group#: \_\_\_\_\_

Player's Dentist: \_\_\_\_\_  
Dentist's Telephone #: \_\_\_\_\_  
Special Medical Conditions: \_\_\_\_\_

On behalf of my minor child (player named on this application), I hereby apply for his/her participation in Saratoga NJB Hoops and do request Saratoga NJB Hoops 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 which would interfere with his/her participation, and would not be adversely affected by such 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 Saratoga NJB Hoops during the current season and do assume all risks and hazards which are part of the conduct of the associated activities. I hereby release, absolve, indemnify, and hold blameless the Saratoga NJB Hoops League, a California non-profit corporation, its officers, directors, employees, agents and their sponsors, organizers, and supervisors of any and all liability for damage, injury, or expense of any kind arising out of or connected with my child's participation in Saratoga NJB Hoops. I further understand that in case of a medical emergency, my own personal medical plan, if I have one, will be used.

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 OF THESE REQUIREMENTS ARE MET, AND EVEN IF THE ATHLETE IS IN EXCELLENT PHYSICAL CONDITION WITH PERFECT EQUIPMENT, A SERIOUS ACCIDENT MAY STILL OCCUR. AS A CONDITION OF PARTICIPATION IN THE SARATOGA NJB CITY HOOPS PROGRAM BY THE PLAYER NAMED IN THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE READ THIS CONSENT FORM, AND KNOWINGLY, ON BEHALF OF MY CHILD, ASSUME ALL OF THE RISKS ASSOCIATED WITH PARTICIPATING IN ANY WAY IN THE SARATOGA NJB CITY HOOPS PROGRAM.**

California Corporate ID 9556804 Tax Exempt 501c General Liability Carrier :Bollinger Insurance 101 JFK Parkway, Short Hills NJ 07078