



JERSEY SHORE ATHLETIC GROUP, INC (JSAG)
WWW.JSAGONLINE.ORG

PLAYER'S REGISTRATION & WAIVER FORM
 Pee wee-Bantam-Junior

GENDER: _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

HEIGHT : _____ FT _____ INCHES CELLPHONE#(if any) _____

Email Address (Please write clearly) _____

ADDRESS _____

Number/Street

Apt Number

City/Town

State/Province

Country

Postal Zip Code

Date of Birth _____ Place of Birth _____

School Name _____ Grade _____

Father's Name _____ Email Address _____

Cellphone# _____ Home Phone # _____

Mother's Name _____ Email Address _____

Cellphone# _____ Home Phone _____

LIABILITY WAIVER: I hereby authorize the JSAG League Officials, Team Coach to act for me according to his best judgment in any emergency requiring medical or dental attention. I hereby release, discharge and indemnify JSAG, Inc, Officers, members, league officials and their coaches from and against any and all liability or causes of actions arising out of, or in connection with, my child's participation in JSAG winter Basketball league.

I expressly acknowledge and warrant that the JSAG, Inc has advised me that there may be medical risks from participation in the basketball league, and I represent and warrant to the JSAG, Inc that my child is physically capable of such participation. I hereby assume any and all risks that may be associated with such participation.

Signature of Player _____ Date _____

Signature of Parent (F) _____ Date _____

Signature of Parent (M) _____ Date _____

