



Jersey Cardinals 2018 Middle School Basketball Program Registration Form

Player Name _____ Grade _____

Address _____

Parent's Name _____

Parent's Cell Number: _____

E-mail (*to be used for program communications*) _____

EMERGENCY CONTACT INFO: (*if different from parent info above*)

Name _____

Telephone Number: _____

1. I, the parent/guardian of the above-named camper, hereby give my approval to participate in the Jersey Cardinals Middle School Basketball Program.
2. I know that participation in basketball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the directors and employees of Jersey Cardinals Middle School Basketball Program, and participants from any claim arising out if any injury to my child whether the result of negligence or for any other cause.
3. I hereby authorize the directors of Jersey Cardinals Middle School Basketball Program to act for me accordingly, to their best judgment, in an emergency requiring medical attention.
4. I acknowledge that there is no refund within 7 days of the start of the Jersey Cardinals Middle School Basketball Program.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

For more information, contact [Kristen Somogyi at ksomog3899@yahoo.com](mailto:ksomog3899@yahoo.com) or [Lorraine Meltzer at Lorrainemeltzer@yahoo.com](mailto:Lorrainemeltzer@yahoo.com)

Please make checks payable to Central Jersey Cardinals in the amount of \$275.
Return completed form to:

Kristen Somogyi
86 Janet Court
Milltown. NJ 08850