



# Jersey Cardinals 2018 Fall Basketball Registration Form



Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Spring 2018 CARDINALS Team (if applicable) \_\_\_\_\_

Jersey Number (ONLY for tournament participants) 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**PLEASE CIRCLE ONE:**

	WED & SUN	WED ONLY	SUNDAY ONLY
<b>TRAINING* &amp; TOURNAMENTS</b>	<b>\$575**</b>	<b>\$575**</b>	<b>\$575**</b>
<b>TRAINING* ONLY</b>	<b>\$325</b>	<b>\$275</b>	<b>\$275</b>

\*Training Times: Wednesdays 6:30pm - 7:30pm; Sundays 10am -11:30am

\*\* Training & Tournament Fee is \$575 regardless of training frequency chosen

Parent's Name \_\_\_\_\_

Cell Number: \_\_\_\_\_ E-mail \_\_\_\_\_

1. I, the parent/guardian of the above-named camper, hereby give my approval to participate in the Jersey Cardinals Fall 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 Fall 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 Fall 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 Fall Basketball Program.
5. I acknowledge that ALL Parents and Players who participate in the tournament portion of the program will be required to sign a CODE OF CONDUCT.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

To register for the Jersey Cardinals Fall Basketball Program, please bring completed form and payment to **Rutgers Prep 1345 Easton Avenue, Somerset NJ** on **Wednesday, September 12<sup>th</sup> at 6:15pm.** (To pre register send completed form and payment to JERSEY CARDINALS 86 Janet Court, Milltown, NJ 08850)

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)

**INTERNAL USE ONLY**

<b>Fall Program Option</b> <input type="checkbox"/> Training Only <input type="checkbox"/> Training & Tournaments	<b>Payment</b> <b>Amount Paid</b> _____ <b>Check #</b> _____ <b>or CASH</b>	<b>Team Assigned To</b>
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