



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

CAMPER'S REGISTRATION & WAIVER FORM

Spring Basketball Camp 2011

GENDER: BEGINNERS(10am-12n) ADVANCED(12n-2:00p)

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 Officials, Instructors 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, instructors 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 Spring Basketball Camp 2011.

I expressly acknowledge and warrant that the JSAG, Inc has advised me that there may be medical risks from participation in the basketball camp, 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

CHECK # AMT DATED T-SHIRT SIZE REMARKS

