



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

PLAYER'S REGISTRATION & WAIVER FORM
OPEN & SENIORS

GENDER: _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

HEIGHT : _____ FT _____ INCHES CELLPHONE# _____

Email Address (Please write clearly) _____

ADDRESS _____

Number/Street

Apt Number

City/Town

State/Province

Country

Postal Zip Code

Date of Birth _____ Place of Birth _____

Wife's Name _____ Cellphone# _____

Other Contact Person _____ Cellphone # _____

LIABILITY WAIVER: I hereby authorize the JSAG League Officials, to act according to their 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 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 I am 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 Team Coach _____ Date _____

Signature of Team Captain _____ Date _____