



Nothing But Net Basketball

Date: _____ (Please Print)

Player Name: _____

Parent or Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email: _____ Newsletter – yes or no (circle one)

Date of Birth: _____ Age: _____

Height: _____ Weight: _____ Shirt Size: _____

School Team: _____ Grade: _____

Summer Team: _____ Position Currently Play: _____

Shoots: Right Left Both (circle one)

Camp/Clinic/Workshop Name: _____

Additional Information (i.e. medical conditions or injuries): _____

PLEASE READ BELOW

Please complete this registration form along with the Physical Activity Questionnaire and Waiver Form and return it to Coach TJ in person or by mail along with payment (cash, personal check, money order, or cashier check). Customers can also email this form to Nothing But Net Basketball and pay by PayPal. Please make all checks payable to Nothing But Net Basketball. All returned checks are subject to a **\$29** return fee.

Where Fundamentals Are Key!



Nothing But Net Basketball

Nothing But Net Basketball Waiver Form

I am the parent/legal guardian of _____, who is, with my permission, a "Participant" in the Nothing But Net Basketball Clinic/Camp/Training/Workshop, sponsored by T. J. Jones, for my benefit during the Nothing But Net Basketball Camp/Clinic/Training/Workshop, _____, 2009.

In the event that I am not immediately available, should the Participant suffer an injury, serious or life threatening, for which emergency medical treatment may be necessary, I hereby authorize an appropriate adult staff member, designated by Nothing But Net Basketball, to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that Nothing But Net Basketball will use all reasonable efforts to notify me (or the emergency contact listed on my child's application), where practical, prior to initiating medical treatment for any such injury to the Participant. Should neither party be available, an appropriate staff person will contact appropriate medical personnel to initiate the necessary medical treatment, and I hereby give permission to any such physician or other medical personnel to provide such medical treatment such individual deems medically appropriate. I agree that medical treatment for any other type of injury may be coordinated by the Nothing But Net Basketball in consultation with appropriate medical personnel.

I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses. The following policies or coverage are available to cover the cost of medical care to treat any injury incurred by the Participant:

Insurance Company _____ Policy # _____

My child has my permission to be transported or to walk, under supervision with the Nothing But Net Basketball Basketball camp staff, to and from the athletic facility.

On behalf of the Participant, the Participant's parents, and/or legal guardians, I hereby give approval of the above-named Participant's participation in any and all programs and activities sponsored or provided by the Nothing But Net Basketball on _____, 2009, and do hereby waive, release, absolve, forever discharge, and agree to hold harmless the organizers, supervisors, participants, and persons involved in the operation, organization, sponsorship, supervision or participation of these activities and programs, including without limitation, Nothing But Net Basketball and all their respective trustees, directors, members, officers, employees, alumni, agents, students, Reunion Committee persons, contractors and subcontractors, for, from, and against any claim or cause of action of any nature whatsoever that may be available to the Participant or his/her parents and/or legal guardians, arising out of any injury, accident or illness to the Participant, arising in any way out of or in connection with the Participant's participation in such programs and activities.

Permission is hereby granted for photographs and/or videos to be taken of my child at camp and Nothing But Net Basketball has the right to utilize these in brochures, videos, slide shows, and other camp/clinic/workshop/training material.

Date _____
Parent/Legal Guardian Signature

Date _____
Parent/Legal Guardian (Print)

Date _____
Client Name Signature