



MAIL REGISTRATION TO:
Gilroy/Morgan Hill NJB

1431 Swallow Lane
Gilroy CA, 95020

Player Registration Form
2009-2010 Season

CONTACT INFORMATION: (408) 842-3457 or email: gilroynjb@hotmail.com Website: http://gilroynjb.d4sportsclub.com/

REMEMBER applications will not be processed without the following:
(these documents will NOT be returned)

- 1. A copy of a recent utility bill, property tax, or Renter's agreement
2. A copy of the player's most recent report card
3. A copy of player's birth certificate or passport

(Please PRINT CLEARLY - Completely fill out and sign both pages)

Player Name: Mother/Guardian:
Address: Cell/Work Telephone:
City: Zip: Home Phone: Email Address:
Jersey Youth size S M L Adult size S M L XL XXL
Short Youth size S M L Adult size S M L XL XXL
School: Fall 2009 Grade
Date of Birth: Gender:
of Siblings in NJB: Name(s):
Playing Experience # years: Leagues: Relationship: Phone:

Registration Fee due in full at time of registration
(make checks payable to South County NJB League)

Rookies Grades 1st-2nd - \$125 Division Grades 3rd - 8th - \$225 Additional Sibling: \$210.00
All-Net Grades 5th - 8th - \$275 High School Grades 9th - 12th - \$250

NJB MEDICAL RELEASE AND PARENTAL CONSENT

If the above named player needs emergency medical treatment and neither a parent nor the family physician can be reached, consent is hereby granted for such emergency treatment as may be considered necessary by an attending physician.
Player's Physician: Player's Dentist:
Physician's Telephone #: Dentist's Telephone #:
Insurance Carrier: Insurance ID/Group#:
Special Medical Conditions
On behalf of my minor child (player named on this application), I hereby apply for his/her participation in National Junior Basketball and do request National Junior Basketball to accept this application. I hereby warrant that both my self and my child are familiar with the risks associated with participation in an active sport such as basketball. Furthermore, I warrant that my child is in good health, has no condition which would interfere with his/her participation, and would not be adversely affected by such participation. In short, my child is active, in good health, and anxious to play basketball.
I do hereby agree and consent to my child's participation in National Junior Basketball during the current season and do assume all risks and hazards which are part of the conduct of the associated activities. I hereby release, absolve, indemnify, and hold blameless the National Junior Basketball League, a California non-profit corporation, its officers, directors, employees, agents and their sponsors, organizers, chapter officers, coaches, and supervisors of any and all liability for damage, injury, or expense of any kind arising out of or connected with my child's participation in National Junior Basketball. I am hereby informed that all players are covered by an insurance policy in case of accident or medical emergency while participating in an activity sponsored by National Junior Basketball. I further understand that in case of a medical emergency, my own personal medical plan, if I have one, will be used prior to the insurance provided through National Junior Basketball. If I do not have a personal plan, the insurance provided by National Junior Basketball will take effect immediately.
Participation in competitive athletics may result in serious injury. It is impossible to totally eliminate such occurrences from competitive sports. Players can reduce the risk of serious injury by obeying safety rules, following a proper conditioning program, and maintaining their equipment properly.
EVEN IF ALL OF THESE REQUIREMENTS ARE MET, AND EVEN IF THE ATHLETE IS IN EXCELLENT PHYSICAL CONDITION WITH PERFECT EQUIPMENT, A SERIOUS ACCIDENT MAY STILL OCCUR. AS A CONDITION OF PARTICIPATION IN THE NATIONAL JUNIOR PROGRAM BY THE PLAYER NAMED IN THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE READ THIS CONSENT FORM, AND KNOWINGLY, ON BEHALF OF MY CHILD, ASSUME ALL OF THE RISKS ASSOCIATED WITH PARTICIPATING IN ANY WAY IN THE NATIONAL JUNIOR BASKETBALL PROGRAM.
NAME OF PARTICIPANT/PLAYER PARENT/GUARDIAN SIGNATURE DATE

Player's Name: _____

GILROY-MORGAN HILL NJB CHAPTER PARENT CONTRACT

NJB Mission Statement: To inspire our youth; regardless of race, color, creed, or national origin. To practice the ideals of health, citizenship and character. To implant the game elements of safety, sanity, and intelligent supervision; and to keep the welfare of the player first, foremost, and entirely free of adult quest for glory. To emphasize teamwork for all participants.

Refund Policy: Registration fees must be collected at the beginning of the season to cover the league costs, uniforms, facility rental fees, and additional fees. If a refund is requested on or before October 1, 2009: 100% of registration fee is refunded. If a refund is requested after October 1, 2009: a \$75 processing fee will be withheld. No refund requests after November 1, 2009 will be accepted.

Parent Commitment: Parents are required to perform at least 4 hours as a volunteer in support of the GMH NJB Chapter in our Game Day Concession Stand. If you cannot do so you have the option to buy-out of the commitment for \$100. Other Volunteer positions are necessary to make the league successful. Please check below one or more positions if you can help in any of these areas.

Coach* Asst Coach* Rookie Asst Coach
 Concessions / Snack Bar Score Table Volunteer Team Parent
 Web Site Coordinator Sponsors Coordinator Trophy Coordinator
 Picture Coordinator Post-Season Tournament Volunteer

I prefer to "Buy-Out" of volunteering (\$100)

***All Coaches and Assistant Coaches must be approved by Gilroy Morgan Hill NJB Board of Directors.**

I will support my child, his/her Coach and the Gilroy-Morgan Hill NJB program during the 2009-2010 Season and I agree to the following:

- I will not verbally or physically abuse any NJB officials.
- I agree with the league's concept, "The game is for the kids!"
- I support the above NJB "Mission Statement".
- I understand the above Refund Policy.
- I understand the above Playing Time Commitment Policy.
- I understand that I'm required to sign up and perform at least 4 hours of volunteering activities in support of the Gilroy-Morgan Hill Chapter, and that I have the option to **buy-out** of volunteering at **\$100** for the season.

Father's Signature: _____ Father's Name (print): _____

Mother's Signature: _____ Mother's Name (print): _____