



JAM ON IT PLAYER CONTACT FORM

2018-2019

Players Name: _____

School: _____ Grade: _____ Boy/Girl (circle one)

Age: _____ Birth date: _____

Phone#: _____ Cell# _____

Address: _____ City/State _____ Zip _____

Parents Name: _____

E-Mail Address: _____

Do you have a Jam On It Uniform? (Circle) YES # _____ NO Size _____

All Players need an AAU Card (\$14.00) Card # _____

Parent Signature: _____ Date: _____

Amount Paid: _____ Paid by: _____

WAIVER

We acknowledge that participation in the Academy may result in serious injury and do hereby waive, release, absolve, indemnify and agree to hold harmless the Jam On It Basketball Academy, its staff, coaches, organizers, sponsors, supervisors, participants and persons transporting our son/daughter to and from activities for any claim arising out of any injury, except to the amount covered by accident or liability insurance.

In the event of illness, accident or injury, we hereby authorize and give full permission for our son/daughter to be transported to an area hospital, and to be given medical care by emergency room physicians or any other physician that is necessary for the health of our child. We understand that we are responsible for all medical costs.