



PLAYER REGISTRATION FORM

0

LAST NAME:

FIRST NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

BIRTHDAY:

T-SHIRT SIZE: (please circle one)

Youth sizes

XS S M YL YXL

Adult sizes

XS S M L XL 2XL 3XL

EMERGENCY CONTACT:

NAME:

CELLPHONE:

RELATIONSHIP TO PLAYER:

PROGRAMS:

MINI BASKETBALL PROGRAMS

GROUP PLAYER DEVELOPMENT TRAINING PROGRAM

AAU ELITE BASKETBALL PROGRAM

INDIVIDUAL SKILLS TRAINING



MEDICAL FORM

o
LAST NAME:

FIRST NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

BIRTHDAY:

To be completed by the specified Medical Provider.

_____ The above named student athlete may participate in all basketball programs activities

_____ The above named student athlete may participate in all basketball programs activities except for:

Does the individual have any allergies? YES NO If Yes, please explain.

This student athlete is up to date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices student athlete

	Yes	No
Measles		
Mumps		
Rubella		
Chickenpox		
Tetanus		
Hepatitis B		
Diphtheria		
Pertussis		
Polio		

NAME OF MEDICAL CARE PROVIDER:

SIGNATURE MEDICAL CARE PROVIDER:



PLAYER LIABILITY WAIVER AGREEMENT

In consideration of being allowed to participate in the NJ Elite Basketball Development Center's basketball programs, or any of its related events, including your participation in individual skill development training provided by either Eduardo Goya, a USA Basketball Certified Coach, or any of the other coaches working within the above mentioned organization, I, _____, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS (Name of Organization) their officers, officials, agents and/or employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessor's of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

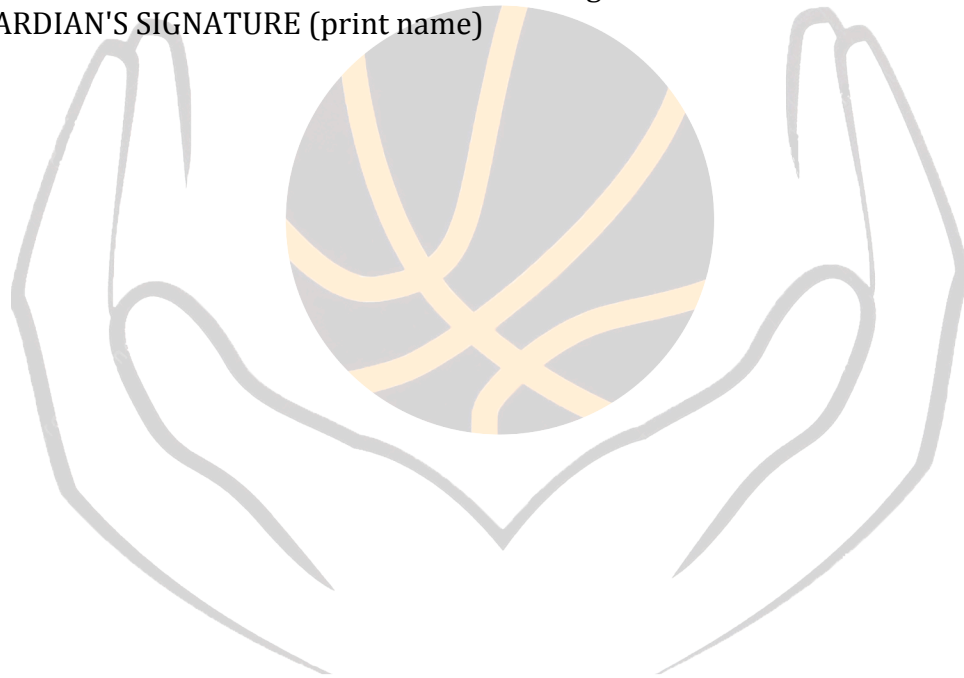
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

x _____ Age: ____ Date Signed: _____
PARTICIPANT'S SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasee's, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasee's from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

x _____ Date Signed: _____
PARENT/GUARDIAN'S SIGNATURE (print name)





PLAYER CODE OF ETHICS

As representative of NJ Elite Basketball Development Center's programs, including its NJ Elite Team 24 AAU Basketball program, all team members are expected to conduct themselves in a manner consistent with a first class AAU basketball program. It is a privilege to be a member of the NJ Elite Team 24 and student athletes are expected to treat opponents and game officials with civility, dignity and respect. At no time should a student-athlete engage in any type of communication, verbal or otherwise, with fans and spectators.

I hereby pledge to provide a positive attitude and be responsible for my participation in youth sports by following this Code of Ethics:

- ❖ I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice.
- ❖ I will attend every practice and game that is reasonably possible and notify my coach if I cannot.
- ❖ I will be on time to all practices, games, meetings, and other NJ Elite Team 24 related activities.
- ❖ I will do my very best to listen and learn from my coaches.
- ❖ I will treat my coaches with respect and I will expect to be treated accordingly.
- ❖ I will be a good teammate.
- ❖ I absolutely will never use any illegal drugs or be involved in the misuse/abuse or illegal use of alcoholic beverages. Participation in any illegal activity will be considered a severe violation of team training rules and will be dealt with accordingly.
- ❖ I understand that school academics are my highest priority while participating in the NJ Elite Team 24 program, and I will attend to all of my schoolwork.
- ❖ I will choose to use the words that are positive and constructive during team activities and resist the urge to swear.
- ❖ I know that I am a role model, and will act accordingly.

I hereby agree that if I fail to conduct myself to the foregoing rules and guidelines while attending or participating in some capacity at a youth sports event I will be subject to being banned from events and/or future participation with NJ Elite Team 24 or any other NJ Elite Basketball Development Center's programs.

Player Name: _____

Date: _____

Player Signature: _____

Parent Signature: _____





MEDIA RELEASE FORM

NJ Elite Basketball Development Center's personnel and members of the media may ask to interview, video and/or photograph student athletes of the NJ Elite Basketball Development Center organization during its participation in tournaments, games or practices.

Pictures, video, and interview content received, may be posted on the NJ Elite Basketball Development Center or NJ Elite Team 24's website and/or any other social media sites.

Please indicate your agreement for your child to be photographed, interviewed or videoed by signing this release form below.

MEDIA RELEASE OPTION:

- ❖ I HEREBY GIVE PERMISSION to the NJ Elite Basketball Development Center and news media to photograph, and video my child's practices and games. It is my understanding that the photographs, videos, and interview information received may be used for public viewing.
- ❖ I AGREE TO ALLOW my child to participate in these activities, and for the resulting materials to be used, and I understand that this form completely releases the NJ Elite Basketball Development Center from any and all liability, claims or demands for remuneration or damages, arising from the use of said materials.

Player's Name: _____

Player's Signature: _____

Date: _____



POWER OF ATTORNEY

LAST NAME:

FIRST NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

BIRTHDAY:

The parents/lawful guardians of the above named child, minor, have appointed, and by those present appoint the member of the NJ Elite Basketball Development Center or NJ Elite Team 24, who is in possession of this document, as my/our lawful attorney to act on my/our behalf and stead to admit my/our minor child to the medical facility of their choice and to authorize the administration of such medical treatment as a licensed physician deems necessary and advisable under the circumstances and to make all decisions to administer drugs, operate and all other steps deemed medically necessary, giving my said attorney full power and authority to do everything necessary to be done in the premises as fully or his/her substitute shall lawfully do or cause to be done by virtue or in the event these persons cannot be contacted, the emergency physician on duty at the hospital of the Power of Attorney's choice, to provide emergency treatment to our child.

This consent form and power of attorney is to be effective only after reasonable efforts have been made to contact and obtain my/our specific consent to any emergency treatment.

This consent is also to be used in conjunction with the Medical Center's procedure for documented Administrative Authorization.

WE HAVE UNDERSTOOD AND AGREED TO THE TERMS AND CONDITIONS OF THIS DOCUMENT.

Parent/Guardian Signature: _____ Date: _____

Sworn and subscribed before me this _____ day of _____, 2016

Signature of Notary

Notary Public
State of New Jersey

THIS POWER OF ATTORNEY IS EFFECTIVE THROUGH THE END OF THE PARTICIPATING PROGRAM SEASON