



## 2021 FALL BASKETBALL REGISTRATION FORM

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SPRING 2021 CARDINALS TEAM (if applicable) \_\_\_\_\_

REQUESTED JERSEY NUMBER (only for Tournament Participants) 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

**PLEASE CIRCLE ONE:**

	WED & SUN	WED ONLY	SUNDAY ONLY
OPTION 1 TRAINING* & TOURNAMENTS	\$575**	\$575**	\$575**
OPTION 2 TRAINING* ONLY	\$325	\$275	\$275

\*Training Times: Wednesdays 7-8pm; Sundays 10am-11:30am

\*\* Training & Tournament Fee is \$575.00 regardless of training frequency chosen.

PARENT / GUARDIAN NAME: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

- 1.) I, the parent/guardian of the above-named camper, hereby give my approval to participate in the Jersey Cardinals Fall Basketball Program.
- 2.) I know that participation in basketball may result in serious injuries and protective equipment does not prevent all injuries to players, and hereby waive, release, absolve, indemnify, and agree to hold harmless the directors and employees of Jersey Cardinals Fall Basketball Program and participants from any claim arising out of any injury to my child whether the result of negligence or for any other cause.
- 3.) I hereby authorize the directors of Jersey Cardinals Fall Basketball Program to act for me accordingly, to their best judgment, in an emergency requiring medical attention.
- 4.) I acknowledge that there is no refund within 7 days of the start of the Jersey Cardinals Fall Basketball Program.
- 5.) I acknowledge that ALL Parents and Players who participate in the tournament portion of the program will be required to sign a CODE OF CONDUCT.

PARENTS/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TO REGISTER: Please bring completed form and payment to RUTGERS PREP 1345 Easton Avenue, Somerset, NJ on Wednesday, September 15 at 7:pm. To PRE-REGISTER, we have two options. 1.) Send completed form and payment to Jersey Cardinals, 86 Janet Court, Milltown, NJ 08850, or EMAIL Registration to ksomog3899@yahoo.com or Lorraine Meltzer at Lorrainemeltzer@yahoo.com with Payment via VENMO @Kristen-Somogyi.

Fall Program Option	INTERNAL USE ONLY	Team Assigned To
<input type="checkbox"/> Training Only <input type="checkbox"/> Training & Tournaments	Payment Amount Paid _____ Check # _____ or CASH or VENMO	