

**NJ FLY Basketball Team Registration Summer 2018**

**Player Name (Please Print)**

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Age                      Birthday                      Grade (Fall 2018)

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Gender                      School                      email Address (Parent)

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Street                      Address                      City                      State                      Zip

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Parent (s) Name                      Home Phone                      Cell Phone

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Emergency Contact Phone

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Do you play another sport during this season, if so What Priority?

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Medical Insurance Company & Policy #

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Waiver: I hereby certify my child is in good health and may participate in all activities. In the event that my child needs immediate medical attention, I authorize the staff and give my consent to the staff to provide routine and emergency medical care for my child. I hereby give New Jersey FLY Basketball and its designee's permission to use photographic as well as video/digital reproductions of (said participant) for marketing/ advertising /training purposes in print, electronically and online. If your son/daughter is selected for the team you will be required to provide a copy of his insurance card, birth certificate and payment at or before the first practice. If you require a uniform this will be an additional fee.

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PARENT SIGNATURE

DATE