



**Certification:**

I hereby certify that \_\_\_\_\_ is in adequate health, is not suffering from any known physical ailments and/or conditions that could subject him to an increased risk of injury and is physically fit to participate in any and all Basketball Development Group "Functions" including but not limited to basketball games, practices, tryouts, competitions, tournaments, clinics, leagues and scrimmages.

**Release:**

I hereby recognize that all Basketball Development Group "Functions", including but not limited to the items listed in the above Certification, are athletic activities that inherently involve the risk of physical injury and harm. In this regard, I recognize that I and/or my child are participating in such activities exclusively at our own risk and that the Basketball Development Group, including all of its staff members, directors, coaches, associated personnel, affiliated organizations, members, volunteers and representatives (hereinafter collectively referred to as "Basketball Development Group"), cannot be held responsible for any physical injuries resulting from my and/or my child's participation in such inherently dangerous athletic activities.

I hereby release, discharge and indemnify Basketball Development Group, along with the owners of any facilities and/or premises being utilized and/or rented by the Basketball Development Group, for any and all physical injuries, damages, property damages and causes of action that I and/or my child may experience as a result of our participation in athletic basketball activities and/or through our use and enjoyment of said facilities. I hereby authorize the Basketball Development Group to act on my behalf and in a reasonable manner in the event that my child experiences any emergency requiring immediate medical attention without me being present. I further acknowledge that, regardless of my child's physical injury and/or resulting inability to participate, any and all fees related to my child's participation in the athletic activities and/or functions described above are non-refundable.

I have read the above release and agree to abide by it:

Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Players cannot participate without this form.

**Make Checks Payable to:**

BGD Hoops  
P.O. Box 633  
Berlin, NJ 08009  
(856) 583-0535

**"Registration Form"**

\_\_\_\_\_ Clinic \_\_\_\_\_ League \_\_\_\_\_ Travel Team

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Twp.:** \_\_\_\_\_

**State/Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Jersey Size:** \_\_\_\_\_ **Short Size:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**School You Attend:** \_\_\_\_\_

**Where have you played organized ball?**

\_\_\_\_\_  
\_\_\_\_\_

**Do you have any physical ailments or medical problems that we should know about? (If yes, explain)**

\_\_\_\_\_  
\_\_\_\_\_

**Family insurance carrier:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relationship to player:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_

**To Be Completed By BDG Hoops Staff Only:**

**Registration Fee:** \_\_\_\_\_ **Clinic Fee:** \_\_\_\_\_ **Travel Fee:** \_\_\_\_\_