

STACK

BASKETBALL TRAINING

2016 Fall Basketball Application

Player Information

Name: _____ Date of birth: _____

Address: _____ City: _____

State _____ Zip: _____

Male or Female _____ Mobile Phone: _____ Mobile Carrier: _____

Email address: _____

Name of School: _____ Grade in school as of 9-1-16 _____

Shirt Size _____ Short Size: _____

Guardian Information (if applicable)

Guardian One's Name _____ Guardian Two's Name _____

Guardian One's Home phone _____ Guardian Two's Home phone _____

Guardian One's Cell phone _____ Guardian Two's Cell phone _____

Season goes from Early September – Early December

(Schedule around fall sports best we can)

13-15 Games – 15+ Team Practices – 3+ Shooting Gun Skills Sessions
3+ Sports Performance Training Classes

\$600.00 per player + \$50 for Uniform

Make checks payable to STACK Sports (Mail to) 300 Rt 17 S Suite G Mahwah, NJ 07430

STACK SPORTS, LLC

Coaches: Please copy and distribute this form to all players and return the completed forms to the League office prior to the start of the season.

This injury waiver and release of liability is required by our facilities and programs as a precondition to their use and participation. **NO PLAYER MAY PARTICIPATE UNTIL SUCH TIME AS THIS FORM IS COMPLETED, SIGNED AND RECEIVED BY STACK SPORTS, LLC.**

INDIVIDUAL WAIVER, RELEASE AND INDEMNIFICATION OF LIABILITY FORM

I, the undersigned, in consideration of being allowed to participate in an event or program sponsored by Stack Sports, LLC, Online Basketball Camp, LLC, or its related companies, acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, including permanent disability and possibly death, and severe social and economic loss, which may result from my own action, inaction or negligence as well as the actions, inactions and negligence of others. I acknowledge that I have been advised to consult with a physician before participating in the event or program. I hereby authorize the agents of Stack Sports, LLC, Online Basketball Camp, LLC, to act for me according to his/her best judgment in any emergency requiring medical attention

I further agree to inspect the premises and equipment before playing each game and if I deem any conditions to be unsafe, I will advise the appropriate persons and will refuse to play. I assume all of the foregoing risks and accept personal responsibility for any injury, disability or death and any damages, whether social or economic, and agree to release, waive, indemnify and hold harmless Stack Sports, LLC, Online Basketball Camp, LLC, its parents, subsidiaries and affiliated entities companies, officers, partners, directors, members, commissioners, referees, employees, agents, licensees, assigns, and facilities (hereinafter "Releasees") from any and all liability to the undersigned, his or her heirs and next of kin, for any and all claims, demands, suits, costs, expenses, losses, awards, injuries or damages (including reasonable attorney fees and related costs) caused or alleged to have been caused by Releasees to myself or my child/children in connection with his/her/their/my participation in any Stack Sports program, league, tournament or activity.

I HAVE READ THE ABOVE WAIVER, RELEASE AND INDEMNIFICATION OF LIABILITY AND I UNDERSTAND THAT I AM VOLUNTARILY GIVING UP CERTAIN RIGHTS BY SIGNING IT.

Adult Name: _____ Team Name: _____

Children Name(s) _____ Age _____ Grade _____

Parent _____ Date: _____
Signature:

E-mail address: _____

Please complete the following emergency information

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell _____