



PLAYER REGISTRATION FORM WAIVERS

Please, read and check the yes box on the registration form if you agree with the waivers.

Medical Release:

As a Legal Parent/Guardian of the child I enrolled in the program, I attest that my child has been examined and is capable of playing basketball. *Initials:* ____ I/We also, agree that in case of an emergency when time or circumstances make it impractical to secure our prior approval of Jr. Pro Basketball of Michigan officials are authorized to take whatever actions are deemed necessary in their best judgment to protect the health and welfare of our child. This includes, but is not limited to securing emergency services, anesthetics, medical specialists and hospital admissions. *Initials:* _____

Photo Release:

As a Legal Parent/Guardian of the child I enrolled in the program, I hereby grant permission to Jr. Pro Basketball of Michigan and/or City of Dearborn to use my photograph along with my child's photograph on its World Wide Website and/or in other official printed publications without further consideration. I further acknowledge the Jr. Pro Basketball of Michigan and/or City of Dearborn has the right to crop or treat the photograph at its discretion. I also acknowledge that they may choose not to use my photograph or my child's photograph at this time, but may do so at its own discretions at a later date. I also understand that once my image or my child's image is posted on the Jr. Pro Basketball of Michigan and/or City of Dearborn Website, any computer user can download the image. Therefore, I agree to indemnify and hold harmless Jr. Pro Basketball of Michigan and/or City of Dearborn from any claims.

Initials: _____

Financial Responsibility:

I/We understand that each player must pay \$100.00 (\$25 discount each additional sibling) to play in the Jr. Pro Basketball League. I/We agree to pay this fee at the time of registration. Player cannot play or practice until the fee is paid. *Initials:* _____

Hold Harmless Waiver:

I am 18 years or older and the Legal Parent/Guardian of the player I enrolled in this program. I agree with my signature below this paragraph to release and waive all claims for injuries, damages, losses or action, arising out of my participation in events sponsored by Jr. Pro Basketball of Michigan and City of Dearborn.

Signature of Parent/Guardian: _____ Date: _____