



Middle School Basketball League Application

***Applications due date February 15, 2021**

Middle School League – played at the KROC Center

Cost per player is \$20

Program will start in March TBA

____Basketball MS League 7th-8th

Player Name: _____

Last

First

M.int.

Gender: _____ Male _____ Female Grade _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell

Phone _____ Email _____

Parent Emergency Contact #1

Name: _____ Relation: _____

Phone number: _____

Emergency Contact #2

Name: _____ Relation: _____

Phone number: _____

If applicable, list any medical problems(s)/physical limitation(s) the player has:

We, _____, legal parent or guardian, hereby agree and acknowledge the following: (1) We agree to abide by the rules of LEAP Academy University Charter School guidelines and its affiliated organizations and sponsors. (2) We recognize the inherent risk of serious or permanent physical injury and possible death associated with youth sporting activities and games. In consideration for Leap Intramural Sports Program accepting the youth player's registration and participation in its sanctioned youth sports leagues, ("Youth Programs"), we hereby release, discharge and/or otherwise indemnify and hold harmless LEAP Academy University Charter School, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation in the Youth Programs . (3) We authorize verification of the registrant's date of birth from legal records to be provided to a Leap Academy University Charter School authorized representative for the limited purpose of verifying the player's age and identity. (4) We consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and we hereby agree to be financially responsible for all costs associated with such treatment. (5) We consent to Leap Academy University Charter School taking photographs, video recordings, and/or sound recordings in documenting the activities of sports programs and services. We hereby grant Leap Academy University Charter School and their affiliates' permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Cal South and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications. We have read this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. We sign this release form freely of our own free will.

Parent/ Guardian Information:

Signature of Parent/Legal Guardian _____ Date: _____

Please print name: _____ Phone: _____

*CONTACT DONNA ROBERTSON FOR ADDITIONAL INFORMATION: 856-614-5779 email:
donnarobertson@leap.rutgers.edu