

ITHACA ELITE BASKETBALL CLUB REGISTRATION FORM WINTER JAMBOREE 2016

PLAYER INFORMATION

FIRST: _____ LAST: _____

DATE OF BIRTH (MM/DD/YY): _____

GRADES 2ND – 6TH (12-2 P.M.) GRADES 7TH – 12TH (2-4 P.M.) TBD (4 – 6)

DATES: ALL SUNDAYS [\$200] INDIVIDUAL DATES [\$45/SESSION]

IF INDIVIDUAL DATES, PLEASE SPECIFY:

JAN 3 JAN 10 JAN 17 JAN 24 JAN 31 FEB 7

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

METHOD OF PAYMENT: * CASH * CHECK * CREDIT CARD/ PAYPAL
ACCEPTED ON-LINE AT
WWW.ITHACAEELITE.COM

MAKE CHECKS PAYABLE TO: ITHACA ELITE BASKETBALL CLUB. \$35.00 FEE WILL BE CHARGED ON NSF CHECKS

PARENT INFORMATION

NAME: _____ PHONE NUMBER: _____

EMAIL: _____

AGREEMENT, WAIVER AND RELEASE

I have carefully read the description of clinics and games for which I/we are registering and in consideration for being permitted by Ithaca Elite Basketball Club to participate in the above activity(ies), I hereby waive, release and discharge any and all claims for damages, for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the said activity(ies). This release is intended to discharge in advance the above District (its officers, employees and agenda) from any and all liability arising out of or connected in any way with my participation in said activity(ies), even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity(ies) involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding by my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity(ies).

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

**MAIL REGISTRATION FORM AND PAYMENT TO:
ITHACA ELITE BASKETBALL CLUB • 407 COLLEGE AVENUE #407 •
ITHACA, NY 14850**

These materials are neither sponsored nor endorsed by the Board of Education of the Ithaca City School District, the superintendent, or this school.