



NON COMPETITIVE / COMPETITIVE AND ELITE BASKETBALL

Student I.D # _____

ATHLETE INFORMATION

Last name, First name _____ Age _____ Birth date _____

Phone _____ Sex _____ Grade _____ Alternate # _____

Address, City, State, Zip Code _____

School _____ Email Address (required) _____

Family Physician _____ Medical Insurer, Medical Plan# _____

PARENT INFORMATION

Last name, First name _____ Phone _____

Address, City, State, Zip Code _____

Email Address (required) _____

CONTRACT AMOUNT

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**CONTRACT BETWEEN PARENT(S) PLAYERS(S)
AND
DJF EAST BAY**

I hereby certify that I am the parent/legal guardian of the above named child and hereby permit him/her to participate in all sporting activities provided by D.J.F. EAST BAY. I hereby release DARIUS JONES FOUNDATION. D.J.F. EAST BAY, MT DIABLO UNIFIED SCHOOL DISTRICT, and all other legal affiliates of D.J.F. & D.J.F. East Bay, their, officers, agents, employees, volunteers, and coaches from all liability, demands, or claims for loss or damage which may be sustained by my child while participating in any program affiliated with Darius Jones Foundation. Furthermore I understand that Darius Jones Foundation or DJF East Bay does not provide accidental injury insurance and that I must have my own adequate medical coverage. Also I consent to allow medical treatment to the above named participant in case of an emergency and understand that I am responsible for all costs incurred for such treatments.

Parent/Legal Guardian Name (please print) _____

Parent/Legal Guardian Signature _____ Date _____

PARENTAL SUPPORT

We ask for active participation in our program.
Check the area in which you would be willing to help if needed.
Any and all help is greatly appreciated.

- Coach
- Team Mom
- Asst. Coach
- Score Keeper
- Tournament Staff