



New Jersey Magic AAU Morris Magic Basketball

Registration/Waiver Release Form

Child's Name(s):

First Last

Address: _____

Age: _____

D.O.B: _____

Grade: _____

Month

Day

Year

Parent/Guardian Contact Infos:

Parent/Guardian's Name: _____

First

Last

Home Phone: _____

Mobile Phone: _____

Email 1: _____

Email 2: _____

Medical Problems/Allergies: _____

Emergency Contact's Name: _____

First

Last

Home Phone: _____

Mobile Phone: _____

As a parent/guardian of child named below, I hereby give my full consent and approval for my child to participate in any Morris Magic Basketball/NJ Magic AAU tryout/clinic/camp/team activity. In addition to giving my full consent, I do hereby waive, release, and hold harmless coach Brian Monaghan and any and all of his Morris Magic/NJ Magic staff for any injury that may be suffered by my child in the course of participation in any basketball activities including travel to and from an event.

By signing this waiver I also give permission for Morris Magic Basketball/NJ Magic AAU to use photographs taken of my child in displays, publications, video productions and/or materials that promote the Morris Magic Basketball programs.

Parent/Guardian's Signature: _____

Date: _____