



DeSantis Basketball Academy REGISTRATION FORM

Name of Child: _____ Age: _____ Grade: _____ DOB _____ Member Y N

Address: _____ Town: _____ Zip _____

Parents' Names: Mother: _____ Father: _____

Phone: Day _____ Cell _____ Evening _____

Emergency Contact Person: _____ Phone: _____

Allergies / Medical issues we should know about: _____

Class Name	Day	Time	Session / Start Date	# of Weeks	Fee: Member/Non-Member

Payment received by [Staff Name]: _____ **TOTAL \$** _____

By signing below, I release and agree not to sue the DBA or the JCC, employees, and affiliates from all present and future claims that may be made by the participant, me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising from participation in DBA / JCC programs or activities. I certify that the participant is in good health and may participate in strenuous physical activity that may occur in some of our programs. I am the Participant, or Parent / Guardian (under 18 years of age) of the participant, and I have read this form and understand that by signing this form, I am giving up legal rights and remedies. I give permission to the DBA / JCC to photograph, video and/or record myself or my child to use for promotional and/or advertising purposes. I am also taking on full responsibility for all financial obligations associated with the programs listed above.

ALL CLASSES REQUIRE FULL PAYMENT AT TIME OF REGISTRATION.

FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

NO CREDITS WILL BE GIVEN FOR MISSED CLASSES, OR CHANGES OF CLASS.

Signature of Participant or Parent / Guardian of Child

Date