



## Silicon Valley NJB Turkey Day Shootout Disclaimer Form

Due to the discontinuance of the previous T-Day website registration, a hard copy Player Disclaimer is required.

1. If your team is not NJB affiliated, we will require a parent sign-off of the "Player Authorization and Disclaimer Statement" below:
  - Coaches you will need to have all of your players parents sign-off on the disclaimer below
  - Coaches collect all of the signed disclaimers and submit them to SVNJB.

### Submission

By Mail: Silicon Valley NJB  
85 Saratoga STE 111  
Santa Clara 95051

By Fax: (408)-260-0112

Email: [turkeydayshootout@siliconvalleynjb.com](mailto:turkeydayshootout@siliconvalleynjb.com)

2. If your team is a NJB team with Players registered with one of the Silicon Valley Section Chapters, there is no additional action required – verification of your teams NJB affiliation will be requested

### Player Authorization and Disclaimer Statement

On behalf of my minor child, I hereby apply for his/her participation in NATIONAL JUNIOR BASKETBALL and to induce NATIONAL JUNIOR BASKETBALL to accept this application. I hereby warrant that both myself and my child are familiar with the risks associated with participation in an active sport such as basketball; furthermore, I warrant that my child is in good health, has no condition or defect which would interfere with his/her participation. In short, my child is active, in good health, and anxious to play basketball. I do hereby agree and consent to my child's participation in NATIONAL JUNIOR BASKETBALL during the current "SILICON VALLEY NJB STARS" tournament participation, and also assume all risks and hazards which are incidental to the conduct of the activities. I hereby release, absolve, indemnify and hold harmless NATIONAL JUNIOR BASKETBALL, a California non-profit corporation, its officers, directors, employees, agents and any of them, their sponsors, organizers, and supervisors of any and all liability or damage, injury, or expense of any kind arising out of, or connected with, my child's participation in NATIONAL JUNIOR BASKETBALL LEAGUE. I am hereby informed that all rostered players are covered by an insurance policy in case of accident or medical emergency while participating in an activity sponsored by NATIONAL JUNIOR BASKETBALL. I further understand that in case of a medical emergency, my own personal medical plan, if I have one, will be used prior to the insurance provided through NATIONAL JUNIOR BASKETBALL. If I do not have a personal plan, the above insurance will take effect immediately. Participation in competitive athletics may result in serious injury. It is impossible to TOTALLY eliminate such occurrences from competitive sports. Players can reduce the risk of serious injury by obeying safety rules, following a proper conditioning program, and maintaining their equipment properly.

**EVEN IF ALL THESE REQUIREMENTS ARE MET, AND EVEN IF THE ATHLETE IS IN EXCELLENT PHYSICAL CONDITION WITH PERFECT EQUIPMENT, SERIOUS ACCIDENTS MAY STILL OCCUR.**

**AS A CONDITION OF PARTICIPATION IN THE NATIONAL JUNIOR BASKETBALL PROGRAM BY:**

Player's Name: \_\_\_\_\_ Coach Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

**I ACKNOWLEDGE THAT I READ THIS CONSENT FORM AND KNOWINGLY, ON BEHALF OF MY CHILD, ASSUME ALL THE RISKS ASSOCIATED WITH PARTICIPATION IN ANY WAY IN THE NATIONAL JUNIOR BASKETBALL PROGRAM.**

Date: \_\_\_\_\_ Signature of Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_