



2018 SF ASSOCIATES / JCCCNC GIRLS SUMMER LEAGUE APPLICATION



PARTICIPANT INFORMATION

Player Name _____ Main Contact E-Mail _____

Address _____ City/State/Zip _____ Home Phone _____

Height (Ft/In) _____ Age _____ Grade in Fall _____ School in Fall _____

Are you currently a member of a basketball organization? Yes No Name of Organization: _____

Years of playing experience _____ What position do you play? _____

Other playing experience (camps/CYO/Rec and Park, etc.) _____

Choose one: Clinic first hour, scrimmages second hour

Clinic only for under 4th grade Incoming 4th grade Incoming 5th grade Incoming 6th grade

Jersey Size Youth Med 4'4"-4'3" tall Youth Large 4'4"-4'7" tall Women's Small 4'8"-5'5" tall
(approximate) 31"-32.5" wide 35"-36.5" wide 38.5"-39.5" wide

JCCCNC Member? Yes No JCCCNC Member Name and Member Number _____

PARENT/GUARDIAN INFORMATION

Parent's /Guardian's Names and cell phone (1) _____

Parent's /Guardian's Names and cell phone (2) _____

E-mail _____

EMERGENCY CONTACT INFORMATION

Contact Name(s) & Relation to player _____ Emergency Phone(s) _____

Family Doctor's Name _____ Phone Number _____

Health Insurance Carrier _____ Policy/Card Number _____

Please list any other information such as allergies, sensitivity to particular drugs, etc. (If none, please state "NONE".)

I hereby agree that my child, named above, may participate in the sporting events sponsored by the S.F. ASSOCIATES (herein referred to as the "ASSOCIATES") and the Japanese Cultural and Community Center of Northern California (herein referred to as the "JCCCNC"). As consideration for having my child participate in the events sponsored by the ASSOCIATES and JCCCNC, I hereby waive all claims against the ASSOCIATES and JCCCNC, its Board Members, Committee Members, Commissioners, Coaches, Managers, Scorekeepers, and Timekeepers, for any claims, including but not limited to personal injury, death, and loss or damage to property, including theft, and release and discharge the ASSOCIATES and JCCCNC from any liability related to or in any way connected with my child's participation in any ASSOCIATES and JCCCNC activities. In addition, I agree to indemnify, defend, protect, and hold harmless the ASSOCIATES and JCCCNC from and against all claims, damages, liabilities, losses, and expenses, including but not limited to attorney' fees, in whole or in part, arising out of, resulting from or in connection with my child's participation in any activities sponsored by the ASSOCIATES and JCCCNC, even if such claim, damage, liability, loss or expense should arise from the negligence of the ASSOCIATES and JCCCNC. My child has my permission to be filmed or photographed as a participant of the ASSOCIATES and JCCCNC for publicity / program purposes. I understand that no compensation will be provided. If the applicant deviates from this policy, I understand that the applicant can be suspended from future ASSOCIATES and JCCCNC activities.

Parent/Guardian Signature _____ Date _____

Please submit this application and payment to:
(check payable to: S.F. Associates)

SF Associates
c/o BJ Baba
720 - 36th Avenue
San Francisco, CA 94121
Attn: Associates Summer League Coordinator-GIRLS

Deadline: May 31, 2018

Direct questions to:
Jennifer jhamamoto@JCCCNC.org