

2015, 1ST ICBR BASKETBALL CHALLENGE

Registration & Waiver Form

Parent and Guardians MUST fill this form and sign the liability waiver in order to be admitted to the Basketball Challenge Tournament.

Participant Name	First	Last	
	Date of Birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian	Father	Mother	
Mailing Address			
	City	State	Zip
Phone	Office		
Cellular	Pager		
Email	Office		
Date	June 2 nd , 2015		

Liability Waiver	<p>I, the undersigned, applicant or guardian of the player in the ICBR/GSA Basketball Challenge/Competition, understand and acknowledge that playing in this basketball Challenge involving strenuous effort. I further understand and acknowledge that the ICBR/GSA carries no insurance against injury to any of the players participating in this Challenge. As a condition to, and in consideration of, the privilege of being admitted to this Basketball Challenge, I hereby agree and promise to assume risk and responsibility for any and all injuries, or damages due to injuries, suffered by me or my child or caused by third parties to me or my child, arising out of participation in this Basketball Challenge, whether classes, demonstrations, tournaments example this Basketball Challenge, practices, or any other use of the premises, ICBR facilities including Public Parks, or equipment of ICBR/GSA, whether occurring on the premises of the center or at any other location.</p> <p>I hereby release, indemnify, and forever discharge and hold harmless the Islamic Center of Boca Raton (ICBR), its Directors, employees, students, volunteers and patron, from any and all responsibility, liability, claims for personal injury, legal actions or suits, damages or losses of any kind or description, both at law or in equity, arising out of, or in any way connected with, any of the above-mentioned acts and activities.</p> <p>I hereby agree and covenant myself, and my successor and assigns, never to sue, either at law or in equity, ICBR its directors, employees, students, volunteers and patron, on account of any such claim, liability, damage, injury, or loss.</p>		
Guardian Signature	<p>IN WITNESS WHEREOF, I have set my hand and seal to this document which I intend to be a legally binding document, on the day and year below written and understand it fully.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;"></td> <td style="border: none; width: 40%;">Date</td> </tr> </table>		Date
	Date		

Office Use Only	<p>Cost is \$5.00. Per Participant. \$15.00 Per team of 3 Participants. Teams of more than 3 need to pay \$5.00 for each participant.</p>	
	<p>Payment Method:</p> <p><input type="checkbox"/> Cash: \$ _____</p> <p><input type="checkbox"/> Check: \$ _____ Check No.: _____</p> <p><input type="checkbox"/> Credit Card (<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express)</p> <p>Credit Card No: _____ Exp Date: ____/____</p>	
	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Signature</td> <td style="border: none; width: 40%;">Date</td> </tr> </table>	Signature
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