

Date: _____

BUENA BRAVES ATHLETIC ASSOCIATION

P.O. Box 293
Minotola, NJ 08341-0293
www.buenabraves.com

OFFICE USE ONLY

CIRCLE PAYMENT TYPE

CASH _____

CHECK # _____

BIRTH CERT.
YES NO

DATE: _____

INITIAL: _____

Basketball

___ Winter
___ Summer

Cheerleading

___ Taxi
___ Pee Wee
___ JV
___ Varsity

Football

___ Taxi
___ Pee Wee
___ JV
___ Varsity

Wrestling

___ Tot (5-6)
___ Bantam (7-8)
___ Midget (9-10)
___ Junior (11-12)
___ Intermediate (13-14)

Name of Athlete: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____ Grade: _____ Current Age: _____

Date of Birth: _____ Height: _____ Weight: _____ Resides with: Mom, Dad, Both

Shirt Size: _____ Pants Size: _____ (Circle one: Adult or Child - List S, M, L, XL)

****THERE WILL BE A \$25 FEE FOR ANY RETURNED CHECKS.****

I AGREE TO HAVE MY CHILD PHOTOGRAPHED AND/OR DISPLAYED IN THE NEWSPAPER AND/OR ON THE BUENA BRAVES WEBSITE.

_____ YES _____ NO

I AGREE TO EXHIBIT GOOD SPORTSMANSHIP AND OFFER ONLY POSITIVE PRAISE TO MY CHILD AND THE OTHER ATHLETES PARTICIPATING IN ANY BUENA BRAVES SPONSORED EVENT.

Has your child ever played a Buena Braves sport before? ___ Yes ___ No

If yes, _____
Division Team Date

I, the parent/guardian of the above named candidate for the position on a BUENA BRAVES DIVISION TEAM, hereby give my approval to participate in any and all association activities. I assume all risks and hazards incidental to such participation, including transportation to and from the activities. I do hereby waive, release, absolve, indemnify, and agree to hold harmless the BUENA BRAVES ATHLETIC ASSOCIATION, the organizers, sponsors, supervisors, participants, and persons transporting my child to and from activities, for any claim arising out of an injury to my child, whether the result of negligence or for any other cause, except to the extent and to the amount covered by accident or liability insurance.

I agree to return upon request the uniform and other equipment issued to my child in as good condition as when received except for normal wear and tear.

I will furnish a certified birth certificate for the above named candidate to BUENA BRAVES ATHLETIC ASSOCIATION officials.

MEDICAL RELEASE SECTION

In case of emergency, if my family physician can not be reached, I hereby authorize that my child, _____, be treated by another qualified physician.

FAMILY PHYSICIAN: _____

PHONE NUMBER: _____

LIST ANY MEDICATIONS TAKEN BY CANDIDATE: _____

MEDICAL PROBLEMS: _____

ALLERGIES: _____

OTHER SPECIAL NEEDS: _____

CONTACT INFORMATION

Name of Mother _____ Stepfather _____

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

E-mail address _____

Name of Father _____ Stepmother _____

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

E-mail address _____

Emergency Contact Name _____

Relationship to Candidate _____

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

PARENT/GUARDIAN

AUTHORIZATION: _____ DATE: _____