

**WESTCHESTER JEWISH BASKETBALL LEAGUE, INC**

I hereby give permission for my child to participate in the Westchester Jewish Basketball League. I certify that my child is in good health and that there is no medical reason known to me why he/she should not be permitted to participate in normal gym activities including basketball.

My family is (check one):

\_\_\_\_\_ affiliated with \_\_\_\_\_  
(Synagogue/Temple/Day School/YM-YWHA)

\_\_\_\_\_ not affiliated **(At least one parent is Jewish, and our child is not affiliated with another religious denomination)**

*Regarding the high school league only: My child is not a member of any high school senior varsity basketball team, and if my child should become a varsity player, I will promptly withdraw him/her from the Westchester Jewish Basketball League.*

I also give permission for my child to travel to other gyms and realize that all games/practices are under supervision of advisors and/or adult volunteers.

I hereby exempt, release and hold harmless the Westchester Jewish Basketball League, its officers, agents volunteers and affiliated organizations, from any and all claims or causes of action arising out of personal injuries suffered by my child during the normal course of play in games or in practices held and sponsored by the Westchester Jewish Basketball League and its affiliated organizations.

\_\_\_\_\_  
Child's Name (please print LEGIBLY)

\_\_\_\_\_  
Grade in School

\_\_\_\_\_  
Address (street, town, zip)

\_\_\_\_\_  
BEST phone Number  
(parents)

\_\_\_\_\_  
Email Address **(LEGIBLY!)**

\_\_\_\_\_  
Parent/Guardian Signature