

2019 REGISTRATION AGES 10-22 \$45

18 & older athlete

Name: _____ Age: _____ DOB: _____
Cell #: _____ Team Captain: _____
Email: _____
Address: _____
Emergency Contact in case of injury: (Name, number, relationship)

17 & younger athlete

Name: _____ Age: _____ DOB: _____
Guardian Cell #: _____ Team Captain: _____
Email: _____
Address: _____
Emergency Contact in case of injury: (Name, number, relationship)

I understand as a participant, or as the guardian of a minor if I can not have self control due to disagreements or frustration I myself the athlete, or my child the participant, or myself the guardian may be released from the league. I will hold myself accountable to respect my peers, Labor of Love USA, the game and volunteers.

I understand that participation in this (these) program(s) involves risks of personal and bodily injury, including but not limited to paralysis, heart attack, death, as well as loss or damage to property. I realize that activities such as basketball, this may be in inherently dangerous activities and my decision to participate in all such activities is made in full recognition of these risks and is entirely voluntary. In consideration of your acceptance of this application, I agree for myself, my heirs, my successors, and assigns to hold harmless the boroughs of Stroudsburg, East Stroudsburg, Dansbury Park, ESU Koehler Field house, Labor of Love USA, Turning the Hearts summer league, its affiliates, subsidiaries and any other entity associated with this (these) program(s), and each if the Directors, officers, agents, representatives, employees, volunteers, successors, and assigns from all liability and on account of injury, loss claim, or damage to my body, health, well-being and property. I further authorize the personnel to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am responsible for all financial liabilities that may arise from a situation involving medical treatment. I agree that the terms of this release is applicable to any and all of my dependents who take part in this (these) program (s).

I hereby release and grant permission to Turning the Hearts summer league, Labor of Love USA the irrevocable and unrestricted right to use and publish photographs of myself and/or my child, or any in which his/her likeness may be included for editorial trade, advertising, and any other purpose in any manner and medium deemed necessary.

I hereby release and grant permission to send and receive text messages and emails from Labor of Love USA.

By signing this I understand I must abide by the rules set by Labor of Love USA, Turning the Hearts basketball league. I understand the league director(s) have the decision where to place the athlete based upon skill level and performance. If I myself or athlete participant can not conduct myself by following rules, guidelines, set by the organization, Commissioner, Director of League Operations, or any borough parks may end my participation with termination of the league.

PRINT ADULT ATHLETE OR PARENT/GUARDIAN Name (if 17 and younger)

SIGNATURE OF ADUT ATHLETE OR PARENT/GUARDIAN (if 17 and younger) DATE