

Player Registration Form  
Mid-Jersey Mavericks

Player Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Grade: \_\_\_\_\_

Contact Information

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Player Registration Form  
Mid-Jersey Mavericks

- Waiver and Release

I, being the parent or legal guardian of the above enrolled minor, do hereby certify that my child is in good health and may participate in all program activities.

I hereby appoint the directors of the Mid-Jersey Mavericks to act on my behalf in authorizing medical attention and understand that neither Mid-Jersey Mavericks, nor its directors or staff are responsible for any medical costs incurred due to accident or injury.

---

Parent/Legal Guardian Signature

---

Date