



JAO

JAPANESE AMERICAN OPTIMIST INVITATIONAL GIRLS BASKETBALL LEAGUE

LEAGUE REGISTRATION FORM

Organization _____ TEAM NAME _____

CHILD'S NAME _____

DATE OF BIRTH _____ LAST 4 DIGITS OF SS# _____

MOTHER'S MAIDEN NAME _____

PARENT(S)/GUARDIAN NAME _____

PARENT(S)/GUARDIAN NAME _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE _____ CELL/PAGER _____

I, _____, register her for participation in the JAO

program and do fully agree to the rules and regulations of the Japanese American Optimist Invitational Girls Basketball League, and do hereby release JAO, its officers, members and the coaches from any liability. I release the Japanese American Optimist Club of Los Angeles from all responsibilities for injuries of any nature incurred while participating in any JAO program. I understand that medical insurance is my own responsibility.

This release shall remain effective unless revoked in writing delivered to JAO.

Signature of Parent or Guardian

Date