

New York Shock Exchange Registration Form

Please type or print information clearly. Return your completed registration form, a copy of your son's birth certificate, a current photo.

Player's Name _____ Age _____ Birth-Date _____

Weight _____ Height _____ School _____ Grade _____

Uniform Size: Adult or Youth S M L XL XXL or XXXL

Parent/Guardian 1

Name _____

Mailing Address _____

City, State, & Zip _____

Home # _____ Work# _____ Cell # _____

Email _____

Parent/Guardian 2 (If not the same as above)

Name _____

Mailing Address _____

City, State, & Zip _____

Home # _____ Work# _____ Cell # _____

Email _____

Physical Restrictions/Disabilities _____

Insurance Company _____ Policy # _____

Parent Registration Agreement

- Any donations to participate in the New York Shock Exchange's Basketball Program includes:
 - AAU Membership,
 - Basketball Skill Development,
 - Team Practice Time,
 - Introduction to investment management, investment research and portfolio tracking,
 - And partially includes,
 - The cost for travel to and from tournaments, tournament fees, and lodging.
- My child/children has/have been examined by a doctor and has/have been found physically fit to compete in athletics.
- Parent/Guardian agrees to indemnify and hold harmless the New York Shock Exchange, its Board of Directors, Sponsors, Facility Owners and/or Operators from claims, demands and judgments arising at any time your child/children are participating and/or traveling to participate with the New York Shock Exchange Program. Furthermore, I hereby grant full permission to presenters of this program to use any photograph, videotape, DVD recording, or any other record of events for any purpose.
- I agree to help raise funds for the New York Shock Exchange by participating in fundraisers and soliciting family, friends and local businesses.
- Parent/Guardian signature below attest your agreement to adhere to all the rules and regulations of the facilities where events are held and that you have read this registration form and grant full permission for your son to participate in the New York Shock Exchange Program.

Parent/Guardian Signature _____ Date ____/____/____

Return to: P.O. Box 7246
JAF Station
New York, NY 10116

Phone: (917)-597-6566
Fax: (866)-844-9866