

# ManhassetHoops.Com

Chabad of Port Men's Basketball Player registration form:

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

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

\_\_\_\_\_

Cell #: \_\_\_\_\_ Emergency # \_\_\_\_\_

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

The Chabad of Port Men's Basketball Program will be held on Wednesday nights from 7-8:30pm for ten weeks. The fee is \$150 per person. Visit this page: <http://www.coleman-pension.com/hoops/chabadpay.htm> to pay online.

**Player Waiver:** I certify that I am in good physical health and have no known problems that could affect my ability to participate in any basketball related activities. I currently have my own medical insurance. I will in no way hold Chabad of Port Washington, ManhassetHoops.Com and/or any of its affiliates, employees and/or representatives for any accident or injury that may occur during my participation in this basketball program. I have had a physical exam within the past year and was deemed healthy when examined.

## **Assumption of Risk & Waiver of Liability Relating to COVID-19**

I acknowledge the contagious nature of COVID-19 and voluntarily agree to assume all risk that my family and/or I may be exposed to or infected by COVID-19 by visiting the Chabad of Port Washington property and accept sole responsibility for any injury to myself and/or my family, including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my family may experience or incur in connection with visiting the Chabad of Port Washington property or participating in any ManhassetHoops.Com programming ("Claims").

(Signature) \_\_\_\_\_

**Please Print, Sign and Fax this form to (516) 627-1502**

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