

SENIOR WOMEN'S BASKETBALL ASSOCIATION

2017 MEMBERSHIP APPLICATION (PLEASE PRINT)

NAME: _____ Date of Birth: _____/_____/_____
Address: _____ City/State: _____ Zip _____
Home Phone: () _____ Cell Phone: () _____
E-mail Address: _____

EMERGENCY CONTACT: _____ Phone: () _____

MEMBERSHIP DUES:

Player / Member: Membership valid Jan. 1, 2017 thru Dec. 31, 2017 **\$60** (\$55 before 1/31/2017) \$ _____
Age 80+ - Free Membership (after one year membership paid)

Associate Member \$25 (for those who are inactive) \$ _____

Donation: I wish to make a tax-deductible donation to the SWBA in the amount of \$ _____
General Fund..... Grant Specifically toward _____

I want to help support the Senior Women's Basketball Association by designating SWBA in my will.
(An SWBA Board member will contact you)

Make checks payable to: **SWBA** **TOTAL enclosed:** \$ _____

ETHICS / CODE OF CONDUCT

When representing the San Diego Senior Women's Basketball Association, I agree to conduct myself in an honest and dignified manner, show courtesy and respect for all aspects of senior basketball; i.e. the rules of the games, the coaches, the officials and my fellow team mates and opponents. **Inappropriate conduct** has no place in sports and will not be tolerated. This can be defined as any act or action that pertains to violent conduct (attempting and/or succeeding in striking, assaulting) and any abusive or negative language (swearing, taunting) toward another person. The SWBA reserves the right to suspend membership of any player involved in such action.

I have read and agree to abide by the Association's Ethics/Code of Conduct. _____ Initials

AMATEUR ATHLETIC WAIVER & RELEASE OF LIABILITY

1. In consideration of being allowed to participate in any way in the SENIOR WOMEN'S BASKETBALL ASSOCIATION athletic/sports program, related events and activities, I, _____, the undersigned acknowledge, appreciate, and agree that:
The risk of injury from the activities involved in this program is significant, including the potential of permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist: and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE SENIOR WOMEN'S BASKETBALL ASSOCIATION, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise

I have read this release of liability and assumption of risk agreement, fully understand its terms, and understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. My signature authorizes medical treatment. I also hereby consent to and authorize the use and reproduction of photos and videos taken for promotional purposes.

MEMBER Signature: _____ **Date:** _____