

2024 JOI Boys Commitment Form

Please check the Tournaments your son can attend. Commitment Forms and Fees Due By June 4th, 2024.
If you have any question, please contact Mychal Williams (775) 232-5157 or by email mychal@jamonit.com

- Summer Practice** June 4th – July 22nd Tuesday & Thursday Nights **\$200.00**
7:00pm to 8:30pm at the Reno Indian Colony -34 Reservation Road, Reno
- June 20th – 22nd JOI Utah Big MTN Jam** (8th - 12th) – Salt Lake City, UT **\$100.00**
Hotel: Hyatt House Salt Lake /Sandy 9685 South Monroe Street Sandy, UT - \$171 per night
- July 12th – 14th JOI Vegas West Coast Classic** (8th-12th) – Las Vegas, NV **\$100.00**
Hotel: Westgate Hotel Las Vegas, NV Group Code: SJBT4R \$119 per night
- July 23rd – 24th JOI Vegas Summer Slam** (8th-12th) – Las Vegas, NV **\$100.00**
Hotel: Westgate Hotel Las Vegas, NV Group Code: SJBT4R \$119 per night
- July 26th – 28th JOI Vegas Grande Finale** (8th-12th) – Las Vegas, NV **\$100.00**
Hotel: Westgate Hotel Las Vegas, NV Group Code: SJBT4R \$119 per night

Travel & Hotel not included in fees. Our Staff will not be taking/chaperoning any players to tournaments. If you (the parent) can not attend then you will have to arrange travel plans with another parent. Fees cover entry fee, coaches travel, and coaching fees. Scholarship & Fundraising Available. You can pay for fees online at jamonitacademy.com or by Check. **NO CASH PLEASE!**

Players Name: _____ **Total Due:** _____

School: _____ Grade: _____ Birthdate (mm/dd/yy): _____

Parent(s) Name: _____

Parent(s) Cell Number: _____

Parent(s) Email: _____

Emergency Medical Release: In the event of an emergency requiring medical attention, I hereby grant consent to an athletic trainer and/or qualified/certified medical personnel to provide medical treatment to and/or transport my child _____. I understand that every effort will be made to reach myself and/or emergency contact for authorization before any treatment is undertaken. However, in the event of an emergency and if I nor the emergency contact can be reached, I give my consent to the medical provider to perform any necessary emergency treatments. I agree to release needed records to the necessary medical provider for the purpose of treatment, referral, billing, and insurance purposes.

Liability: In consideration for registration of my minor child _____ to the Basketball Program, I do hereby agree to release, discharge and hold harmless, Basketball Staff, officers, administrators, organizers and employees of and from all causes, liabilities, damages, claims, or demands resulting in injury or accidents involving my minor child while participating in the program.

Photo/Video Release: I authorize the Basketball Program to photograph and/or video tape my child and be published on Jam On It social media and used for promotional purposes only.

All tournament entry fees for all teams will be paid by April 1st, 2024 . Once the Parent/Guardian signs the commitment form for their daughter and pays there will be no refunds. Families may still elect to opt out but there will be no refunds.

Parent/ Guardian Signature: _____ **Date:** _____