

## **MISSISSIPPI BASKETBALL & ATHLETICS**

2240 Westbrook Rd. – Jackson, MS 39211 – Ph: (601) 957-7372 – <u>www.mbahoops.net</u>

## **MBA MEMBERSHIP CONTRACT**

In consideration of my membership privileges with MBA, I hereby agree on behalf of myself (and family members, if applicable) to the provisions stated below.

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can be terminated by MBA	with a ten (10) day notice. During this and equipment of MBA, except during	ed and will be considered as an open end contract that a term, I (and my family members, if applicable) will ng special events hosted by MBA that require full use
	rstand that my contract can be renewed	ership. The first payment should be made on the day d on a month by month basis or paid in full for a term
3. I also authorize MBA to	secure payment through one of the following	lowing methods:
Cash	Check	Credit card
4. I understand that MBA rewritten, oral, or implied.	serves the right to cancel any member	rship due to broken policies at it discretion whether
	MBA MEMERSHI	(P INFO
Name:	Cell number:	Date of Birth
Email:	Address:	
release Mississippi Basketb directions, administrative st liability or any injury, loss, participation in MBA activi me, pledge to follow all con I am in any violation of such may accompany me to the M my sole responsibility to en	all and athletics and its employees, me aff, and owners; along with any other or damage connected in any way what ties or on the premises whether inside duct and sportsmanship rules of the M rules, that I may be removed from the MBA facility falls within my obligation	cautions are taken accidents happen. Therefore, I embers, staff, guests, contractors, volunteers, coaches associated body pertaining to the MBA, from any associated to me or any guest and/or affiliate, and our or outside. I and any party or parties associated with and understand that should it be determined that he premises. It is my understanding that any guest that it to have informed them of this policy and that it is ith all rules, regulations and/or policies and that the
Signature:	Date:	Witness:
Name:	Address:	Phone: