

HOW DO I SIGN UP?

First Baptist Church
P. O. Box 220
Centerton, AR 72719

REGISTRATION INFORMATION:

EVALUATIONS: _____

Kindergarten through 2nd Grade Boys and Girls
Saturday, November 4, between 9:00 a.m. and 11:00 a.m.

3rd through 8th Grade Boys and Girls
Saturday, November 11, between 9:00 a.m. and 11:00 a.m.

**Kindergarten through 8th Grade Boys and Girls
Monday, November 13, between 6:00 p.m. and 8:00 p.m.**

Kindergarten through 8th Grade Boys and Girls
Tuesday, November 14, between 6:00 p.m. and 8:00 p.m.

First Practice - **Tuesday, January 2, 2018**
 First Game - **Saturday, January 27, 2018**
 Awards Celebration - **Tuesday, March 13, 2018**

upward@fbccenterton.org
479.795.2591



Last Name		First Name		MI	Gender	Grade (17-18 school year)	
Address							
City		State	Zip		Date of Birth		
					Month	Day	Year
Home Phone ()		Parent's Cell ()		Would you be willing to coach your child's team? <input type="radio"/> Yes <input type="radio"/> No			
Father/Guardian Email				If yes, please print your name:			
Mother/Guardian Email							
Church (If you regularly attend church, which one?)							
Participant Information Notes (if any)					How many years has your child played organized Basketball?		
If applicable, circle ONE night your child CANNOT practice.					MON TUE THU FRI		

Father/Guardian

I would like to assist this league by being a:

Mother/Guardian

I would like to assist this league by being a:

Emergency Contact

Daytime Phone

Evening Phone

Lane Shooting _____ **Defensive Slide** _____

Right-Side Shot _____ **Right Hand Dribble** _____

Left-Side Shot _____ **Left Hand Dribble** _____

Height - in inches _____

[illegible]

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.
NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.
 Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

As the parent or guardian of the above-named child, I authorize the participation of my child in the above-named Church. My child will participate in the UU's sport denoted on this brochure. I understand that this Program is a nonprofit Christian sports ministry program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the Program is conducted by the Church and its volunteers and staff, including parents of other participating children. I also understand that the Church is solely responsible for all aspects of the Program including selection and supervision of all persons conducting the Program, and that UU is not responsible for the Program or selecting or supervising persons conducting the Program. I further understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities. I understand that the Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the Church determines that my child does not have a physical, mental or other condition that may affect his/ her ability to safely and appropriately participate in Program activities (or that may affect the ability of other children to participate safely), the Church may determine that my child cannot be permitted to participate. I understand and agree that, while the Church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

When the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize the _____ Church, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. My signature also indicates that all legal guardians are aware and consensual with the participation of a above-named child.

Signature: _____
Printed Name: _____ Date: _____

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