

# 6<sup>th</sup> – 12<sup>th</sup> Grade 2008 - 09 BASKETBALL REGISTRATION



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

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: M / F Shirt Size: S M L xL xxL

Parent/Guardians Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

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## WAIVER AND RELEASE AGREEMENT

As the parent or legal guardian of \_\_\_\_\_ ,  
I hereby give permission for my child to participate in the First Baptist Church of Conyers (FBCofC) Basketball program. I understand that FBCofC is a nonprofit charitable institution, which is voluntarily presenting this program for my child, other participants and the community. I also understand that Basketball is an active sport that involves physical contact with other players, the floor, field and/or equipment. I understand that there is a resulting risk of physical injury to my child and others. I have explained and discussed these risks and the benefits of participating in this activity with my child. We both agree that my child is in proper physical condition to participate in this activity and has no existing injuries or conditions that would jeopardize his or her safety and health, or the safety and health of any other participants. ***I have attached a form from my child's doctor clearing he or she from any physical restrictions that would put he or she at risk by participating in the sport of basketball.***

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I therefore assume all liabilities and release and discharge FBCofC and it's agents of all liabilities for any harm or injury suffered while on FBCofC property, whether directly or indirectly, as a result of my child's participation in this Basketball program and whether or not resulting from any negligence. Further, I agree not to bring any legal claims to or against FBCofC or any other organizing members, participants, representatives, staff or volunteers. I also give my permission for the staff, representatives or volunteers of FBCofC to administer or seek medical care for my child including ambulatory care and hospital care should the need arise. I agree to pay for any medical and emergency expenses associated with any injury that may result from this program.

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Special Medical Needs: \_\_\_\_\_

List of Medications and any allergies to medications: \_\_\_\_\_