



09/10

UPWARD BASKETBALL REGISTRATION FORM

PARTICIPANT CONTACT INFO:

Last Name First Name MI Gender Grade (09-10 school year)

Address Date of Birth

Month / Day / Year

City State Zip

Home Phone () Cell Phone ()

Parent's Email

Church (if you regularly attend church, which one?)

Player Information Notes (if any)

If applicable, circle ONE night your child CANNOT practice.

SUN MON TUE THU

SIZING: (COMPLETED AT EVALUATIONS)

Basketball Jersey/Shirt Size (circle one):

YS YM YL YXL/AS AM AL AXL A2X

Basketball Shorts Size (circle one):

YS YM YL YXL/AS AM AL AXL A2X

EVALUATIONS: (COACHES USE ONLY)

Lane Shooting Defensive Slide
Right-Side Shot Right Hand Dribble
Left-Side Shot Left Hand Dribble

Height - in inches

PAYMENT:

Participant Fee : \$

OFFICE USE ONLY

Table with columns: PAID, AMOUNT, PAYMENT TYPE

PLEASE BE SURE TO FILL OUT STEPS 1-5

PARENT/GUARDIAN INFORMATION:

- 1 Father/Guardian Work Phone
2 Mother/Guardian Work Phone
3 Emergency Contact Daytime Phone Evening Phone

For a larger print version of these terms and conditions please visit www.upward.org/parents

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.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorize the participation of my child in the Upward Unlimited athletic program...

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...

In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the Church and Upward Unlimited...

MEDICAL CONDITIONS

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 have a physical or mental condition that may affect his/her ability to safely and appropriately participate in Program activities...

CONSENT TO MEDICAL TREATMENT

In 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 participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment...

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. Each responsible parent/guardian should sign.

- 4 Signature: Printed Name: Date:
Signature: Printed Name: Date:

5 If only one parent/guardian signs this form, the following must also be signed: I affirm that this form was signed by only one parent/guardian because (1) I am the sole parent/guardian responsible for the care and custody of the child due to death or incapacity of the other parent/guardian or court order...

- Signature: Printed Name: Date: