

# HOW DO I SIGN UP?

BRING OR MAIL REGISTRATION FORM AND FEE TO:

## Forestville Baptist Church

1311 Nagel Road  
Cincinnati, OH 45255

**Bring all forms and children to any of the registration dates listed below. No registrations will be accepted prior to October 15.**

### REGISTRATION INFORMATION:

The registration cost per child for **basketball** is **\$80**.  
The registration cost per child for **cheerleading** is **\$85**.  
Deadline for registration is **October 20**.  
Basketball shorts are **included** in the registration cost.  
Cheerleading mock turtle necks are **included** in the registration cost.

**To ensure your spot on a team, come early. Registration will close at 200 participants.**

### EVALUATIONS AND ORIENTATIONS:

Everyone **must** attend one basketball evaluation or cheerleading orientation.

All registrations and evaluations will be conducted in the **Forestville Baptist Church Gymnasium** as follows:

**Kindergarten through 4th Grade Boys/Girls**  
**Saturday, October 15, between 10:00 a.m. and 2:00 p.m.**  
**Tuesday, October 18, between 7:00 p.m. and 8:30 p.m.**  
**Thursday, October 20, between 7:00 p.m. and 8:30 p.m.**

Registrations will be closed after 200 participants, i.e., if 200 registrations are received on October 15, further registration dates will be canceled.

### LEAGUE SCHEDULE:

Practices Begin - **Tuesday, November 29, 2011**  
First Game - **Saturday, January 7, 2012**  
Awards Celebration - **Friday, March 2, 2012**

### FOR MORE INFORMATION:

Call the church office: **513-474-3884**  
Email: **forestville@fuse.net**

Cut here and keep



## UPWARD BASKETBALL AND CHEERLEADING REGISTRATION FORM

# 11/12

### PARTICIPANT CONTACT INFO:

I AM REGISTERING MY CHILD FOR:

BASKETBALL  CHEERLEADING

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Gender \_\_\_\_\_ Grade (11-12 school year) \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Parent's Cell ( ) \_\_\_\_\_

Father/Guardian Email \_\_\_\_\_ Mother/Guardian Email \_\_\_\_\_

Church (If you regularly attend church, which one?) \_\_\_\_\_

Participant Information Notes (if any) \_\_\_\_\_

If applicable, circle **ONE** night your child **CANNOT** practice. **Tuesday Thursday**

How many years has your child played organized basketball? \_\_\_\_\_

Would you be willing to coach your child's team?  
 Yes  No

If yes, please print your name: \_\_\_\_\_

EVOLUTIONS: (COACHES USE ONLY)

SIZING: (COMPLETED AT EVALUATIONS/ORIENTATIONS)	
Basketball Jersey/Cheer Top Size (circle one):	
<b>YXS YS YM YL YXL/AS AM AL AXL A2X</b>	<b>Defensive Slide</b>
Basketball Shorts Size (circle one):	
<b>YXS YS YM YL YXL/AS AM AL AXL A2X</b>	<b>Right Side Shot</b>
Cheer Skort Size (circle one):	
<b>YXS YS YM YL YXL/AS AM AL AXL A2X</b>	<b>Left Side Shot</b>
Cheer Mock Turtleneck Size (circle one):	
<b>YXS YS YM YL YXL/AS AM AL AXL A2X</b>	<b>Right Hand Dribble</b>
	<b>Left Hand Dribble</b>

Height - in inches \_\_\_\_\_

PAYMENT:

Participant Fee: \$ \_\_\_\_\_

PAID		PAYMENT TYPE		AMOUNT	
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### PLEASE BE SURE TO FILL OUT STEPS 1-5

### PARENT/GUARDIAN INFORMATION:

- Father/Guardian Work Phone ( ) I would like to assist this league by being a:  COACH  REFEREE  TEAM PARENT
- Mother/Guardian Work Phone ( ) I would like to assist this league by being a:  COACH  REFEREE  TEAM PARENT
- Emergency Contact Daytime Phone ( ) Evening Phone ( )

For a larger print version of these terms and conditions please visit [www.upward.org/parent](http://www.upward.org/parent)

### 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 (also doing business as "Upward Sports") athletic program (the "Program"), of the above-named Church. My child will participate in the Upward 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 Upward Sports is not responsible for the Program or selecting and 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 parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the Church and Upward Sports, and all of the Church's and Upward Sports' directors, officers, elders, trustees, deacons, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and excepting claims that may not be covered by my health insurance. I understand that the Church or its representatives may request health information concerning 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, the Church may determine that my child cannot be permitted to participate in the Program, and that my child's participation in the Program will be at the discretion of the Church. I understand that I have to be made out of concern for the best interests of my child and other participants.

#### 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.

#### 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 parent 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, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to 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. Each responsible parent/guardian should sign.

- Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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 and custody of the child, or (2) I have sole custody of the child, or (3) I have sole custody of the child and the other parent/guardian or co-guardian of the child has been notified of my efforts to obtain sole custody of the child, but the other parent/guardian or co-guardian have not been able to do so due to causes beyond my control, and I am not aware of any reason that the other parent/guardian objects to the child's participation in the Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
BRC33601 \_\_\_\_\_

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