

*****THIS FORM MUST BE BROUGHT TO AN EVALUATION DATE LISTED ON PAGE 2*****

CHILD'S NAME (print) _____

Male
Female

STREET _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH ____ / ____ / ____ AGE _____

SHIRT SIZE: S(6-8) M(10-12) L(14-16) Adult S Adult M Adult L Adult XL

FATHER / GUARDIAN: _____

HOME PHONE# _____ CELL PHONE# _____ I WOULD LIKE TO COACH: Yes No

MOTHER / GUARDIAN: _____

HOME PHONE# _____ CELL PHONE# _____ I WOULD LIKE TO COACH: Yes No

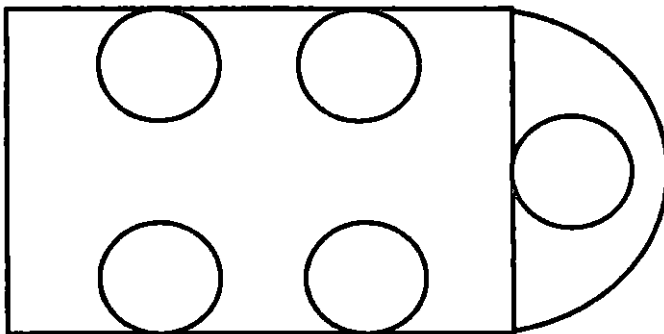
EMAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE# _____

SPECIAL NOTES: _____

****FOR WARREN COMMUNITY CHURCH USE ONLY- DO NOT FILL OUT****

EXPERIENCE _____ HEIGHT _____



RIGHT LAY-UP _____ out of 5

LEFT LAY-UP _____ out of 5

RIGHT DRIBBLE _____ sec

LEFT DRIBBLE _____ sec

NOTES: _____

BALL HANDLING: 1 2 3 4 5 (SHY) 1 2 3 4 5 (AGGRESSIVE)

PAYMENT: \$ _____ Cash Check Check# _____

Warren Community Church

2020 Junior League Basketball Consent Form

Evaluation Dates: Monday, November 11th, 2019 (5 pm - 8 pm)
Tuesday, November 12th, 2019 (5 pm - 8 pm)
Saturday, November 16th, 2019 (9 am - 2 pm)

First Game: Saturday, January 11th, 2020
Last Game: Saturday, February 29th, 2020

CHILD'S NAME _____

CONSENT TO MEDICAL TREATMENT

For the duration that the child participates in the Warren Community Church Basketball Ministry, in the event my child is injured or becomes ill, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorized Warren Community 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 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 this Consent to Medical Treatment.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorizes the participation of my child in the Warren Community Church Basketball Ministry (the '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. I understand that the Program is conducted by Warren Community Church and its volunteers and staff, including parents of other participating children. 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, Warren Community Church and all of Warren Community Church's 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 released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I give permission for free use of my child's name and picture in team photos, broadcasts, telecasts or written accounts for any participation in a Warren Community Church sponsored event.

Signature: _____

Printed name: _____ Date: _____

Signature: _____

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 the care and custody of the child due to death or incapacity of the other parent/guardian or court order, or (2) I have made a good faith effort to obtain the signature from the other parent/guardian but 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: _____

Printed name: _____ Date: _____