**Registration Form**

**PARTICIPANT INFORMATION:** I am registering my child for: \_\_\_\_\_ Basketball or

\_\_\_\_\_ Cheerleading **NOTE: CHEER PRACTICE WILL BE HELD ON THURSDAY EVENINGS FROM 7:30-8:30**

Childs Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M or F

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Current Grade \_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (**that you check daily**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there is **ONE day your child cannot practice** please check it. **We will not honor multiple days so choose one only!!**

No Conflicts\_\_\_\_\_\_\_\_ ☺ Monday\_\_\_\_\_\_\_\_ Tuesday\_\_\_\_\_\_\_ Thursday\_\_\_\_\_\_

Is there a **sibling** (**NOT A FRIEND**) you’d like on the same team? Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We will not draft teams for carpooling, or any other purposes, so please do not ask.**

**RELEASE OF LIABILITY:** I certify that this child is in normal health and capable of participating in the Celina First Church of God Basketball/Cheer Program. I do acknowledge the risk of injury is possible. I grant permission for my child to play and in doing so I hereby release any and all rights and claims for injuries and damages I may have against the Celina First Church of God, their Elders, Employees, Officials, Volunteers and Coaches. If medical attention is required, I give my permission for such medical care when either I or the emergency contact person cannot be notified.

I agree that the Celina First Church of God may photograph or videotape my child and use it for their promotion.

IN WITNESS WHEREOF, I have executed this Registration, Waiver/Release and Medical Certification form with full knowledge of its contents on this (date) \_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_-2018

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Parent/Guardian Signature

I would like to assist this league by being a: \_\_\_\_\_ COACH \_\_\_\_\_ ASS’T. COACH

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_