

**METROPOLITAN CHRISTIAN METHODIST EPISCOPAL CHURCH
SUMMER BASKETBALL LEAGUE
REGISTRATION FORM**

Players Name: _____ Home Phone: _____
 Address: _____ Date of Birth: _____
 Parent/Guardian's Name: _____ Cell Phone: _____
 Email address: _____ Alt Phone: _____

PLEASE CIRCLE PROPER CHOICES BELOW

| | | | | |
|------------|-------------|-------------------|--------------------------------|--------------------------|
| Boy | Girl | Grade: 2 3 | Player _____ | Cheerleader _____ |
| | | 4 5 | shirt size: Youth Small | Youth Medium |
| | | 6 7 | Youth Large | Adult Small |
| | | | Adult Medium | Adult Large |
| | | | Adult X-Large | Adult XX-Large |

I would like to volunteer as (please circle): Coach | Cheerleader Coach | Scorekeeper | Referee

Coach Shirt Size...Ad S, Ad M, Ad L, Ad XL, Ad XXL

My child has medical restrictions which their coach should be aware of. Yes _____ No _____
 (Asthma, epilepsy, diabetes, etc.) If yes, please explain _____

Fees to accompany form: \$60.00 for one child, \$105.00 for two, \$150.00 for three
This fee includes Jersey, Team Medal & Awards Celebration Meal

INSURANCE WAIVER

I have insurance that covers my child to participate in the Metropolitan C.M.E. Church Summer Basketball League. Insurance Company Name _____. If I do not have insurance for my child, nor do I wish to obtain insurance for my child, I know that it will be my full responsibility for any medical expenses incurred.

PARENTAL CONSENT AND WAIVER OF LIABILITY

I consent to, and give permission for, my child to participate in the Metropolitan C.M.E. Church Youth Basketball Program. I have no knowledge of any physical impairment that would be affected by my child's participation in the basketball program. I further agree to waive all liability of the Metropolitan C.M.E. Church Summer Basketball League, its representatives, team coaches, and any other participant, for any accident, injury, illness or other mishap which might befall the individual named on this registration while traveling to or from, or during their participation in the basketball program, whether or not such liability, claim, damage, loss or expense is caused in part by the negligence of any person, including any negligence by or on behalf of the Basketball Program, its agents and specifically including any defects in the condition of the property of the Basketball Program or the condition of its maintenance. I consent (yes ___ or no ___) to emergency medical care for my child in case of sickness or injury, and any actual charges made for such care. I agree to abide by the rules and regulations as set forth by the Basketball Program for my child's participation, and that each player will be responsible for himself, his insurance and his equipment. I acknowledge that I have freely and voluntarily entered into this Agreement and that I have read and understand this agreement in its entirety.

I hereby give my consent for the above child to participate in the Metropolitan Youth Basketball League.

Date _____ Signature of Parent or Legal Guardian _____

Please return form and check made payable to Metropolitan C.M.E. Church on or prior to June 6, 2017.