

HOW DO I SIGN UP?

BRING OR MAIL REGISTRATION FORM AND FEE TO:

Florence Baptist Church

201 South Broadway Street
Forest City, NC 28043

Form and registration fee may be dropped off at the **church office** anytime between **8:30 a.m.** and **4:30 p.m.**, Monday through Friday.

REGISTRATION INFORMATION:

The registration cost per child for **basketball camp** is **\$35**.

Deadline for registration is **July 12**.

Each additional sibling will be **\$25**.

Space is **limited** for camp. Sign-up early!

Evaluations held on the first day of camp.

CAMP SCHEDULE:

Session 1: Monday, August 2 to Friday, August 6
Kindergarten Boys/Girls and 1st and 2nd Grade Boys
Camp runs from 1:30 p.m. to 5:00 p.m.

Session 2: Monday, August 9 to Friday, August 13

1st - 3rd Grade Girls and 3rd and 4th Grade Boys
Camp runs from 8:30 a.m. to 12:00 p.m.

Session 3: Monday, August 9 to Friday, August 13

4th - 6th Grade Girls and 4th - 6th Grade Boys Camp
runs from 1:30 p.m. to 5:00 p.m.

****Camps are listed by completed grades.**

FOR MORE INFORMATION:

Mike Elgin - Recreation Minister

Florence (828) 245-5411



UPWARD BASKETBALL CAMP REGISTRATION FORM

2010

PARTICIPANT CONTACT INFO:

Session attending:

Last Name

First Name

MI

Address

City

State

Zip

Home Phone () () ()

Cell Phone () () ()

Parent's Email

Gender

Grade (09-10 school year)

Date of Birth

Month / Day / Year

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

Shirt Size (circle one)

YS YM YL

AM AL AXL

A2X

Player Information Notes (if any)

EVALUATIONS: (COACHES USE ONLY)

Lane Shooting

Left-Side Shot

Right Hand Dribble

Right-Side Shot

Defensive Slide

Left Hand Dribble

Height - in inches

OFFICE USE ONLY

PLAYER FEE

AMOUNT PAID

PAYMENT TYPE

PLEASE BE SURE TO FILL OUT STEPS 1-5

PARENT/GUARDIAN INFORMATION:

1 Father/Guardian

Work Phone () () ()

I would like to assist this league by being a:

COACH

REFEREE

TEAM PARENT

2 Mother/Guardian

Work Phone () () ()

I would like to assist this league by being a:

COACH

REFEREE

TEAM PARENT

3 Emergency Contact

Daytime Phone () () ()

Evening Phone () () ()

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

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, collisions or disputes 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, board members, trustees, donors, employees, volunteers, insurers, agents and representatives, sponsors, parents, vendors, coaches and other staff of the Program (including myself) and any other participating churches, and 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 as allowed by law to include all claims and 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 hereby authorize the Church and Upward Sports to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the Church and Upward Sports for the sole purpose of advancing Upward Sports programs.

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, the Church may determine that my child cannot be permitted to participate. I understand and agree that, while the Church has a duty to care for my child, I am the parent/guardian and I am responsible for my child's health and the best interests of my child and other participants.

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 others, 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 medical conditions, and procedures as deemed necessary by the medical staff. I understand that payment of any medical charges or expenses not covered by my health insurance will be my responsibility. My signature below indicates that all information provided in this form is true and accurate and that I have agreed 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; 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:

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