

# BASKETBALL



# RELEASE FORM

THIS FORM & THE REGISTRATION FEE IS DUE BACK TO THE CHURCH OFFICE BY SUN., NOV. 15

Name of Player: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Work #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email \_\_\_\_\_

Age (must be of age by Sept. 1 to participate): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Jersey Size (on display in Narthex -please circle): Children's> M L XL / Adult> S M L XL XXL

Name of Church \_\_\_\_\_ Please Circle: Member or Visitor

*Due to participation guidelines of the Christian Basketball Association (CBA), Oakland Avenue Presbyterian Church registration is dependent on team sizes and we welcome 2 non-member players per team. A coach will contact all who registered in early December.*

I grant permission for my above-named child to participate in Basketball games and practice with Oakland Avenue Presbyterian Church from December 1, 2009– March 15, 2010.

Furthermore, I understand that every effort will be made to insure safety and will not hold Oakland Avenue Presbyterian Church or the adult leaders responsible for any accidents, injuries from accidents, or costs incurred from either.

In case of medical emergency, I understand that every effort will be made to contact me. If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name & Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that I or the person I have listed above cannot be reached, I hereby give permission to the physician selected by the adult in charge to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above.

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co./Policy Number: \_\_\_\_\_

S.S. Number of Insured: \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

(Parent or Guardian)

## MEDICAL INFORMATION:

ALLERGIES/PHYSICAL LIMITATIONS OR DISABILITIES: \_\_\_\_\_

MEDICATIONS BEING TAKEN: \_\_\_\_\_

# OAPC BASKETBALL REGISTRATION PROCEDURE 2009-2010



1. Complete this Permission/Medical Release Form (**front & back**) and the CBA Waiver form.
2. Return both forms with your Registration Fee to the Oakland Avenue Presbyterian Church office **by November 15**. Checks should be made out to *Oakland Avenue Presbyterian Church* with “Basketball” written on the memo line.  
Coaches Children’s Fee: \$25; OAPC Member fee: \$35; Non-member fee: \$40
3. Sign up to help. As a parent/guardian of a player, would you be interested in :  
Coaching? (Circle one or both) Head Coach or Assistant Coach/ Age Group: \_\_\_\_\_  
Concessions on Friday Nights? Possible Dates: \_\_\_\_\_  
Adult’s Name: \_\_\_\_\_ Telephone # \_\_\_\_\_
4. Every Parent will be scheduled (1-2 times/ season) as a Practice Volunteer, just to be present and fulfill our OAPC Safe Place Policy (2 adults at every child/youth church event). The schedule will be mailed out in December. If you have a conflict on the date you are scheduled for, please swap with another volunteer on the list. Your help is appreciated!
5. After the Coaches’ Meeting, you will be contacted regarding which team you are on and the practice time. Along with this you will receive a Practice Volunteer Schedule. Please watch the church Bulletin and Newsletter for a schedule of practices and games. Other updates can be found on the CBA website: <http://www.yorkcountycba.com>
6. Every year we have a few players that cannot afford the registration fee, but no one has been turned away. This is possible because of donations to our *scholarship fund*. If you would like to contribute to this fund please add \$35 to your registration fee.

Any questions? Contact: Barry Adickes (328-9561) OAPC Basketball Program Coordinator

Thank you for joining us! We’ll see you at practice!

*For office use only:*

Player \_\_\_\_\_

Team \_\_\_\_\_

Cash or Check # \_\_\_\_\_

Date received \_\_\_ / \_\_\_ / \_\_\_

# Waiver of Liability– CBA Form

THIS FORM, THE REGISTRATION FORM, AND REGISTRATION FEE ARE DUE BACK TO THE OAPC CHURCH OFFICE BY SUN., NOV. 15



The Christian Basketball Association( CBA) is a non-profit, voluntary participation, church basketball league. All participants and/or their parents/guardians accept liability in regards to any and all injuries that may occur while practicing, playing in games, and travel related to their participation. The undersigned have read this waiver and agree to their responsibility. The undersigned will not hold the church that they are representing, the church location where games are played, or the CBA liable for injuries associated with their participation.

Participant's Name (please print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Church Representative/Witness: \_\_\_\_\_

Date: \_\_\_\_\_

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Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Church Representative/Witness: \_\_\_\_\_

Date: \_\_\_\_\_