

HOW DO I SIGN UP?

BRING OR MAIL REGISTRATION FORM AND FEE TO:

Southern Hills Baptist Church

Mailing:

2218 East 56th Place

Tulsa, OK 74105

Drop Off:

5590 South Lewis Avenue

Tulsa, OK 74105

Form and registration fee may be dropped off at the **SHBC Administrataive Offices, 2218 East 56th Place**, anytime between **9:30 a.m.** and **3:00 p.m.**, Monday through Friday, or brought to **evaluations**.

REGISTRATION INFORMATION:

The early registration cost per child for **basketball** is **\$75**;
after **October 24**, the cost is **\$85**.

The early registration cost per child for **cheerleading** is **\$75**;
after **October 24**, the cost is **\$85**.

Deadline for registration is **November 5**.

Basketball shorts are **included** in the registration cost.

Cheerleading mock turtlenecks are **included** in the registration cost. Please make checks payable to **SHBC**. Scholarships are available. Register early.

EVALUATIONS AND ORIENTATIONS:

Everyone **must** attend one basketball evaluation or cheerleading orientation.

They will take place at the **SHBC Gym** as follows:

Kindergarten through 6th Grade Boys/Girls

Saturday, October 24,

between 9:00 a.m. and 12:00 noon

Thursday, November 5,

between 6:00 p.m. and 8:00 p.m.

LEAGUE SCHEDULE:

Practices begin the week of **Monday, December 7, 2009**.

First Game - **Saturday, January 9, 2010**

Awards Celebration - **Sunday, March 7, 2010**

FOR MORE INFORMATION:

Jana at SHBC

(918) 743-8897



09/10

UPWARD BASKETBALL AND CHEERLEADING REGISTRATION FORM

PLEASE BE SURE TO FILL OUT STEPS 1-5

PARTICIPANT CONTACT INFO:

I AM REGISTERING MY CHILD FOR: BASKETBALL [] CHEERLEADING []

Last Name First Name MI Gender Grade (09-10 school year)

Address Date of Birth Month / Day / Year

City State Zip Would you be willing to coach your child's team? [] Yes [] No

Home Phone () Cell Phone () If yes, please print your name:

Parent's Email

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

Player Information Notes (if any)

How many years has your child played organized basketball?

If applicable, circle ONE night your child CANNOT practice: Monday Tuesday Thursday

SIZING: (COMPLETED AT EVALUATIONS/ORIENTATIONS)

Basketball Jersey/Cheer Top Size (circle one):

YS YM YL YXL/LAS AM AL AXL A2X

Basketball Shorts Size (circle one):

YS YM YL YXL/LAS AM AL AXL A2X

Cheer Skort Size (circle one):

YS YM YL YXL/LAS AM AL AXL A2X

Cheer Mock Turtleneck Size (circle one):

YS YM YL YXL/LAS AM AL AXL A2X

EVALUATIONS: (COACHES USE ONLY)

Lane Shooting Defensive Slide

Right-Side Shot Right Hand Dribble

Left-Side Shot Left Hand Dribble

Height - in inches

PAYMENT:

Participant Fee : \$

OFFICE USE ONLY

PAID [] AMOUNT [] PAYMENT TYPE []

PARENT/GUARDIAN INFORMATION:

1 Father/Guardian Work Phone () [] COACH [] REFEREE [] TEAM PARENT

2 Mother/Guardian Work Phone () [] 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/parents

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 (The parent or guardian of the above-named child authorizes the participation of my child in the Upward Unlimited athletic program (the "Program") of the above-named Church. My child will participate in the Upward sport detailed 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 Unlimited 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 other participants, 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, the Church and Upward Unlimited, and all of the Church's and Upward Unlimited'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 athletes, sponsors, parents, vendors, coaches and other game and event workers, officials, referees, and organizations) as to any and all claims of my child, me and my family, and my family, for any and all injuries, damages, expenses, costs, and economic losses, including without limitation my child's property damage, medical expenses, and economic losses, resulting directly or indirectly from my child's participation in the Program, whether in connection with the 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 the use of my child's name and picture in broadcasts, telecasts or written accounts for any participation in an Upward Unlimited sponsored event.

MEDICAL CONSENT: 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 physical exam. The Church determines that my child does have a physical in order to ensure that my child is healthy and able to participate. I understand and agree that while the Church may determine that my child cannot be permitted to participate, such decisions may have to be made out of concern for 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 and other game and event workers, coaches, assistant coaches, and referees, supervisors and others, to administer first aid and first aid services, and to seek medical attention, 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 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: 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 that 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.

Printed Name: Date: Signature: Printed Name: Date: BHC26070 UPW25904