



Bethlehem Baptist Church

4 Harrison Bridge Rd. Simpsonville, SC 29681

(864) 963-3527; FAX (864) 228-1887

Dr. Phillip M. Baldwin, Pastor

Youth Basketball/Cheerleading Program

2011-2012 Registration Form



Registration becomes official and player will be allowed to participate once payment is received or arrangements have been made.

JERSEYS WILL BE COLLECTED AT THE END OF THE SEASON.

Please Print. Complete registration form for each participant..

_____ **BASKETBALL** _____ **CHEERLEADING** Today's Date: _____

PLAYER INFORMATION:

Jersey Size (**Youth Sizes**) S M L XL 2X (Circle One)

 (**Adult Sizes**) S M L XL 2X (Circle One)

Player's Name (Last) _____ (First) _____ (Name Preferred) _____

Address _____ City _____ State _____ Zip _____

Date of Birth ___/___/___ Male ___ Female ___ **AGE** _____

Accessible Telephone Number (_____) _____

Parent Name _____

E-mail Address (frequently checked) _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name _____

Relationship to Player _____ Contact Phone Number _____

Doctor/Clinic _____

Telephone Number _____

Physical Limitations? Yes No (Circle One)

 If Yes, please provide additional information _____

Release of Liability: *By signing below, I/we acknowledge that I/my child will be participating in the activities in this Basketball/Cheerleading Program. Furthermore, I/we state, I am/we are aware of and accept the risk inherent in the program activities. I/we hereby release, indemnify, and hold harmless Bethlehem Baptist Church, Coaches, Volunteers, Agents, and the Athletic Ministry Staff, from any claim or liability for accident or injury that occurs while/due to participating in this program. I/we give full authority, in my/our absence or unconsciousness, to any Bethlehem Coach or Agent to act on my/our behalf, to authorize, approve, or administer any medical treatment to me or this child. I/we hereby hold the above Bethlehem Baptist Church, Coaches, Volunteers, Agents, and the Athletic Ministry Staff, from any claim or liability relative to same. I/we have adequate medical insurance protection for myself or this child.*

Signature (Parent/Legal Guardian if applicable) _____ Date _____

CODE OF CONDUCT:

I, as participant/parent/guardian, promise to be respectful of the other parents/guardians, coaches, officials, and participants/children on both teams.

I promise to show sportsmanship and keep in mind that we, as adults, will set Christian examples for our children.