



REGISTRATION FORM



I am registering my child for: Basketball Cheerleading

Last Name First Name MI Gender Home Phone Birthday Grade

Address City State Zip Code Parent's Email Address

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

Coach's Link (For parents coaching their child's team)

Player information notes, if any

Calypool Link (Only same age/grade and gender:)

Participant Information

How many years has your child played organized basketball?
 PARENTS: To help us better coach your child... AT PLAY, your child is best described as (circle one)
 1 being the least assertive and 10 the most assertive

1 2 3 4 5 6 7 8 9 10

Sizing will be available during evaluations.

Jersey / Cheer Top (Check One) YES NO YL YXL SM XL XXL 2XL 3XL

Short Size (Check One) YES NO YL YXL SM XL XXL 2XL 3XL

Practice Night Exclusion
 If applicable, check ONE night your child CANNOT practice

Monday Tuesday Wednesday Thursday Friday

Evaluations
 (Coaches Use Only)

Love Shoot Right Side Layup Left Side Layup Slide Right-Hand Drizzle Left-Hand Drizzle Total Score Height Not included in total score

Office Use Only

Paid Amount Payment Type

Parent / Guardian Information

Father / Guardian Mother / Guardian

Telephone (Work) Telephone (Home)

Employer I can do one of the following for this player's team: Coach Referee Team Parent

Emergency Contact Telephone (Daytime)

Please Read Carefully

Jess and child have any allergies, handicaps, present injuries or illnesses, injuries, heart condition, history of respiratory illness or other significant medical condition? Yes No

If you need to contact your coach or contact in case of emergency, Doctor's Name

EMERGENCY AUTHORIZATION (from above)
 I, the undersigned, parent or legal guardian of the participant, do hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment in case of emergency. If there is an emergency and I cannot be reached, please contact the above emergency contact.

Authorization Signature:

Signature Required

Placed: Date:

Yes No

WAVER OF LIABILITY, DISCLAIMER, AND PERMISSION

I, the parent or guardian of the above named individual, acknowledge that participating in these events necessarily involves the risk of physical injury. I further acknowledge that the programs of Upward Unlimited are primarily supervised by parents, who volunteer their time, rather than by paid, trained professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in the programs of Upward Unlimited, I hereby release, defend, hold harmless, Upward Unlimited, its employees, volunteers and other representatives or affiliates (including without limitation the participating coaches, organizations participating through such agencies, sponsors, game or event workers, officials, facilities and volunteers) from and against any claims arising out of or relating to these, physical injury, death, or other damages that may result to said individual while participating in an Upward Unlimited sponsored event, including any physical injury by the negligence of any official, referee, or coach while performing his/her duties during any practices or games. I attest that my child is physically capable to participate in this event. However, should officials, representatives or volunteers determine in their sole discretion that competitor or participant in any games or events would be injurious to my child's health, or should my child become ill or injured, I consent to his or her removal and treatment by any physician or medical care available at the discretion of the event or game officials, sponsors, representatives and/or volunteers. I give my permission for free use of my child's name and picture in brochures, websites or written accounts of any game, practice or participation in any Upward Unlimited sponsored event.

Signature of Parent or Guardian: Date:

Place Fee: \$ Late Fee: \$ Total: \$