

PEE WEE BASKETBALL LEAGUE

Registration Fee \$40.00 (\$35 each additional child)

Player's Legal Name _____

Grade _____ () Boy () Girl Birth date _____ **Must be 4 as of January 1**

School _____ Child played before Yes _____ No _____

Father's Name _____ Cell Phone _____

Home Phone Number _____ Text Number _____

Mother's Name _____ Cell Phone _____

Home Phone Number _____ Text Phone Number _____

Email _____ Preferred contact person _____

T-shirt size (youth from BulldogLand etc.) _____

Willing to Help Coach: Yes No

PLEASE CIRCLE YOUR PREFERRED CONTACT AND TEXT NUMBER

I, the undersigned, hereby release and discharge any agent, employee, representative, or officer of the Gower Christian Church and any agent or representative of the Pee Wee Basketball League from all claims, demands, actions, and judgments, which I or my child may have, or claim to have against any of the above listed entities or individuals for all personal injuries, and all injuries to property, both real and personal, caused by, or arising out of, participation in games, practices, or other league sponsored functions by the Gower Christian Church or the Pee Wee Basketball League. My child has no physical condition that would prevent him/her from participating in the Pee Wee Basketball League. My child is in good health and physical condition. I fully understand the dangers involved in this type of sport (basketball), exercise, function, competition, and practice.

The Pee Wee Basketball League recommends all participants consult a doctor and have a health physical if the parent is unsure of their child's participation in this type of activity.

It is the responsibility of the parent/guardian of each individual player or participant to maintain his/her own health and accident insurance. The Pee Wee Basketball League accepts no responsibility in this matter. The Pee Wee Basketball League is not responsible for items lost or stolen, or property damage, consumption of alcohol during play is strictly prohibited.

Parent or Guardian's Signature

Date

OFFICE USE ONLY

Amount Paid \$ _____ Cash \$ _____ Check # _____ Receipt # _____ Date: _____

GOWER CHRISTIAN CHURCH HEALTH/PERMISSION FORM

*We must have this form on file for your child to participate in activities sponsored by:
Gower Christian Church.*

NAME _____ DATE OF BIRTH: _____

ADDRESS _____ HOME PHONE: _____

CITY _____ STATE _____ ZIP _____ YOUTH CELL: _____

PLEASE PROVIDE US WITH THE NECESSARY INSURANCE COVERAGE INFORMATION BELOW

INSURANCE COMPANY _____

ADDRESS _____ CITY _____ STATE, ZIP _____

POLICY NUMBER _____

FAMILY DOCTOR _____ EMERGENCY NUMBER _____

EMERGENCY INFORMATION

*PERSON TO NOTIFY IN CASE OF EMERGENCY OTHER THAN PERSON SIGNING.
(THIS PERSON SHOULD BE FAMILIAR WITH YOUR DAILY SCHEDULE)*

NAME _____ RELATION TO CHILD _____

ADDRESS _____ CITY _____ STATE, ZIP _____

PHONE NUMBER: (CELL) _____ (WORK) _____

DOES YOUR CHILD HAVE ANY ALLERGIES TO MEDICATIONS, ANY DIETARY ALLERGIES
OR RESTRICTIONS, OR OTHER ILLNESSES WE NEED TO BE AWARE OF? YES ___ NO ___
IF YES, PLEASE DESCRIBE:

IS YOUR CHILD ON MEDICATION OF ANY KIND? YES ___ NO ___
IF YES, PLEASE DESCRIBE:

ACTIVITY PERMISSION FORM

Name of Minor _____ has my/our permission as
parent(s)/guardian(s) to participate in the youth and church sponsored activities of Gower Christian
Church. I/We understand any transportation for or during these activities will be provided by church van
or private automobiles, driven by adult sponsors and/or church lay-persons.

I/We understand and accept the responsibility as parent(s)/guardian(s) to assume all costs associated
with these activities (when required or deemed appropriate by the church).

We hereby release and agree to indemnify Gower Christian Church, its congregation, clergy, and officers, and the youth directors/advisors and laity assistants conducting this activity and accompanying the youth, from and against all liability, loss, or claim because of injury or damage to the person or property of my/our child(ren) arising from or occurring during this activity. In the case of a medical emergency, I/we understand an effort will be made to contact the parent(s)/guardian(s) of youth needing medical treatment before treatment is given.

AUTHORIZATION AND CONSENT TO TREAT A MINOR

In an emergency medical situation, the staff or lay adult leaders of Gower Christian Church will attempt to contact the minor’s parent(s) or guardian(s).

If contact is not possible, the undersigned authorize the staff or lay adult leaders of Gower Christian Church as an agent for the undersigned to consent to any emergency X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above minor which is needed and provided under the general and special supervision of any licensed physician or dentist, at a hospital, camp or elsewhere.

The undersigned authorize the staff or lay adult leaders of Gower Christian Church to administer first aid as needed in the absence of a physician. These leaders may administer aspirin, Tylenol, or other over the counter medications as appropriate except: **(specify exceptions or write none)**

The undersigned authorize the staff or lay adult leaders of Gower Christian Church to administer prescription medications as prescribed by a doctor(s) and regularly taken by the minor. Written explanation/directions should accompany all medications. It is the parent(s)/guardian(s)’ responsibility to guarantee Gower Christian Church staff and lay leaders understand dosage times and amounts. Minors accept medications at their own risk.

The undersigned assumes complete financial responsibility for any and all care rendered under this authorization. A second “copy” of this form will be kept at the church office at all times and is deemed appropriate authorization for treatment.

I, _____ understand and accept that my child may be photographed while participating in Gower Christian Church events.

This authorization remains in effect from date: _____ until date _____

Signature of parent/guardian _____
Relation to minor _____ Home phone _____
Parents’ Names (Mother) _____ (Father) _____
Phone Numbers (Work) _____ (Work) _____
(Home) _____ (Home) _____
(Cell) _____ (Cell) _____

YOUTH PLEDGE

I hereby pledge to uphold all policies of the Youth/Teen Policies during all Gower Christian Church youth/teen activities and trips. I pledge to follow all instructions of the youth/teen leader and the adult chaperones, including safety instructions.

Youth signature

Date