

PARTICIPANT INFO:

Last Name _____ First Name _____ Grade _____ Gender M F

Address (Not a P.O. Box) _____ Date of Birth _____

City _____ State _____ Zip _____ Phone# _____

Email _____ Church Attended _____

Any allergies or medical conditions Yes No If yes, describe _____

Has child ever participated in organized basketball or cheering before? Yes No

SIZES:

T-Shirts	YS	YM	YL	YXL	AS	AM	AL	AXL
Shorts	YS	YM	YL	YXL	AS	AM	AL	AXL

PARENT/GUARDIAN INFO:

Last Name _____ First Name _____

Relationship to participant _____

PLEASE READ CAREFULLY AND SIGN THE FOLLOWING:

"I give my child permission to play basketball and/or cheer at Valley View Baptist Church and Whittle Springs Middle School. I also give permission to those in charge to seek appropriate medical care for my child in the event of a medical emergency until I can be notified."

"I will also not hold Valley View Baptist Church and/or Whittle Springs Middle School or any of its staff and volunteers responsible for accidents or injuries that may occur during the 2011 Basketball season. I am also stating that my child is healthy and able to participate in basketball and cheering."

"I also understand that staff and volunteers will be sharing truths of God's Word with all participants at practices and with all who attend basketball events."

Parent/Guardian Signature _____

Date _____