



FIRST BAPTIST ATHLETICS 7 YEAR OLD GIRLS BASKETBALL II 2012

Girls age 7 years old as of December 31, 2011 are eligible to register. Registration fee is \$90 per child; \$170 for 2; \$240 for 3; \$300 for 4, and must accompany this form. Registration is limited and is on a first come basis.

PLEASE PRINT INFORMATION

NAME _____
(Child's Name)

Phone (H) _____
Dad (O) _____
Mom (O) _____

ADDRESS _____
(Street) _____ (City) _____ (Zip) _____

E-MAIL ADDRESS _____

AGE AS OF 12/31/11 _____ DATE OF BIRTH _____

NAME OF SCHOOL _____ GRADE IN SCHOOL _____

HAS YOUR CHILD PLAYED ORGANIZED BASKETBALL? _____ NUMBER OF YEARS _____ WHERE? _____

CHILD'S WEIGHT _____ CHILD'S HEIGHT _____ ft. _____ in. Shirt Size: Youth: M L
Adult : S M L XL

I am willing to serve as:

- 1. COACH _____
- 2. ASSISTANT COACH _____
- 3. REFEREE _____

Would you like to make a charitable contribution to the
Campaign for Sportsmanship: \$50.00 \$500.00
www.campaignforsportsmanship.com \$100.00 Other

IF YOU CHECKED 1, 2, OR 3, PLEASE FILL OUT THE SCREENING FORM ON THE BACK.

Would you like more information about First Baptist Church? _____

RELEASE AND CONSENT

In consideration of First Baptist Church of Indianapolis, Inc. and First Baptist Athletics, (hereafter "First Baptist") permitting my child to participate in its athletic program, as parent(s) and /or guardians(s) of _____ I(we) consent to my(our) child's participation in First Baptist's 2012 Basketball Program and understand and agree as follows:

I recognize that the Basketball Program involves risks, known or unknown, that cannot be eliminated but which may cause injury, illness, or loss of life. Acknowledging that such risks exist, I, on behalf of myself, my minor child, and anyone else on our behalf release and discharge First Baptist, its employees and any person representing First Baptist in any capacity from any present or future claims, or causes of action whatsoever, including strict liability actions that I, my child, or anyone on our behalf might have as a result of participating in the Basketball Program or activities relating to this program or as the result of being on the premises of First Baptist even if the act or omission complained of was caused in whole or in part by the negligence in any form of First Baptist.

In the event my child becomes injured or ill during any practice or game, I(we) authorize First Baptist or any representative thereof to secure first aid and/or the services of any legally qualified physician or hospital and I(we) agree to accept responsibility for payment of any financial obligations incurred for my child.

I (we) agree to the use of photographs taken of the Basketball Program to be used in program publicity.

Father's (Guardian's) Signature/Date

Mother's (Guardian's) Signature/Date

MEDICAL CONDITIONS & SPECIAL INSTRUCTIONS INVOLVING YOUR CHILD - INCLUDING ANY DAY OR TIME YOU CANNOT PRACTICE. PLEASE HELP US BY KEEPING OTHER REQUESTS TO A MINIMUM. _____

Please make checks payable: First Baptist Athletics George W. Robinson
Mail to: 8600 N. College Avenue Athletic Director
Indianapolis, IN 46240 Phone Number: 844-3559
www.firstbaptistathletic.com [Like us on Facebook](#)

PLEASE DO NOT WRITE BELOW THIS LINE - FOR STAFF PERSONNEL ONLY

SKILL EVALUATION:

Shooting _____ Dribbling _____ Passing _____ Overall _____ Previous Rating _____ Check No./Amount _____

First Baptist Athletics
Volunteer Coach, Assistant Coach and Referees
Basketball II 2012 Screening Form

Please Print

Date _____

Last Name _____ First _____ MI _____

Date Of Birth _____ Sex _____ Race _____

Address _____

City _____ State _____ Zip _____

Phone(Home) _____ Phone(Work) _____

Phone(Cell) _____ **Coach Shirt Size** _____

Email Address: _____

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1. Have you ever been charged with, or convicted of, a criminal offense involving child neglect or abuse or a crime involving an actual, or attempted sex crime involving a minor? (If yes, explain below.) Yes _ No ___
 2. Have you ever been a defendant in a civil action involving an act of child abuse, neglect or a sex crime involving a minor? (If yes, explain below.) Yes ___ No ___
 3. Other than the above, is there any other fact or circumstance involving you or something in your background that would call into question your being a coach, assistant coach or an official in this program? (If yes, explain below.) Yes _ No ___

I hereby release and hold harmless First Baptist Church of Indianapolis, First Baptist Athletics, its employees and agents from any liability resulting from a background check, including a criminal history check on me.

I affirm that my answers above are true and correct and consent by signing below to a criminal history check, including but not limited to, a check of the Sex and Violent Offender Registry. I understand it is my responsibility and duty to notify the Director of First Baptist Athletics immediately should the answers to the above questions change during the time I serve as a volunteer for First Baptist Athletics.

Signature

Date