



The Place for Good Sports

FIRST BAPTIST ATHLETICS

FIRST @ SECOND

TEEN BASKETBALL REGISTRATION 2012

IMPORTANT: COMPLETE A SEPARATE REGISTRATION FORM FOR EACH

PARTICIPANT. Teens ages 14-18 years old as of August 31, 2011 are eligible to register. Registration fee (\$100 for 1 teen) (\$190 for 2 teens) (\$270 for 3 teens) etc. and must accompany this form.

PLEASE PRINT INFORMATION

NAME _____ Phone (H) _____
Dad (O) _____
Mom (O) _____
(Participant's Name)

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (ZIP)

E-MAIL ADDRESS _____

AGE AS OF 8/31/11 _____ DATE OF BIRTH _____

CHILD'S HEIGHT ____ft. ____in. CHILD'S WEIGHT _____ Shirt Size: Adult : S M L XL XXL

Has your child played organized basketball? _____ Number of years? _____ Where? _____

I am willing to serve as:

- 1. COACH _____
- 2. ASST. COACH _____

Would you like to make a charitable contribution to the:
Campaign for Sportsmanship: \$50.00 \$500.00

IF YOU CHECKED 1 or 2 ON THIS FORM PLEASE FILL OUT THE SCREENING FORM ON THE BACK. www.campaignforsportsmanship.com \$100.00 Other

Would you like more information about First Baptist Church? _____ Second Presbyterian? _____

NOTICE: The church's insurance does not cover participants in athletics activities. We assume that the parents have this coverage.
RELEASE AND CONSENT

In consideration of First Baptist Church of Indianapolis, Inc. and First Baptist Athletics, and Second Presbyterian Church of Indianapolis, Inc., permitting my child to participate in their athletic program, as parent(s) and /or guardians(s) of _____ I(we) consent to my(our) child's participation in First Baptist and Second Presbyterian's 2011 Teen Basketball Program and understand and agree as follows:

I recognize that the Teen 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 assume such risk and release and discharge First Baptist and Second Presbyterian, its employees and any person representing First Baptist or Second Presbyterian 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 Teen Basketball Program or activities relating to this program or as the result of being on the premises of First Baptist or Second Presbyterian even if the act or omission complained of was caused in whole or in part by the negligence in any form by First Baptist or Second Presbyterian.

In the event my child becomes injured or ill during any practice or game, I(we) authorize First Baptist or Second Presbyterian or any representative thereof to secure first aid and/or the services of any legally qualified physician or hospital (we) release and discharge First Baptist and Second Presbyterian with respect to such medical services 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 Teen 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 to: First Baptist Athletics * George W. Robinson
Mail to: 8600 N. College Ave. * Athletic Director
Indianapolis, IN 46240 * Phone Number: 844-3559
www.firstbaptistathletics.com or LIKE us at First Baptist Athletics 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
Teen Basketball 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** _____

Coach/Referee E-mail 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, Second Presbyterian Church of Indianapolis, their 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