

HOW DO I SIGN UP?

BRING OR MAIL REGISTRATION FORM AND FEE TO:

Stone Church

10737 Orland Pkwy

Orland Park, IL 60467

Form and registration fee may be dropped off at the church office between 9:00 a.m. and 5:00 p.m., Monday through Friday.

REGISTRATION INFORMATION:

The early registration cost per child for basketball is \$89;

after November 1, the cost is \$99.

Deadline for registration is November 13.

Basketball shorts are included at no additional cost.

A 10% discount will be provided for families with 3 or more siblings

who sign up.

Our league will be held on Monday evenings and Saturday mornings.

EVALUATIONS:

Everyone must attend one basketball evaluation.

They will take place at the Stone Church gym as follows:

All Grade Levels - K5 through 6th Boys and Girls

Saturday, November 4, between 9:00 a.m. and 1:00 a.m.

All Grade Levels - K5 through 6th Boys and Girls

Monday, November 13, between 6:00 p.m. and 8:00 p.m.

Basketball evaluations take approximately 15-30 minutes per child.

Arrive at any time within the times listed above. Each child only needs

to attend one of these dates.

PROGRAM SCHEDULE:

First Practice - Saturday, January 6, 2018

First Game - Saturday, January 13, 2018

Awards Celebration - Saturday, March 10, 2018

FOR MORE INFORMATION:

Stone Church Office

(708) 385-2770

Cut here and keep

UPWARD BASKETBALL REGISTRATION FORM

UPWARD SPORTS

2018

PARTICIPANT CONTACT INFO:

Last Name _____ First Name _____ MI _____

Grade _____ (17-18 school year)

Date of Birth _____ / _____ / _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Parents' Cell () _____

If yes, please print your name: _____

Father/guardian Email _____

Mother/guardian Email _____

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

How many years has your child _____ played organized basketball?

Participant Information Notes (if any) _____

PARENT/GUARDIAN INFORMATION:

Father/guardian _____

Phone () _____

Mother/guardian _____

Phone () _____

I would like to assist this league by being a: Coach Referee Team Parent

I would like to assist this league by being a: Coach Referee Team Parent

Emergency Contact _____

Daytime Phone () _____

Evening Phone () _____

SIZING: (COMPLETED AT EVALUATIONS/ORIENTATIONS)

Basketball Jersey Size (circle one):

XS S M YL XL/LAS AM AL AXL AZX

Basketball Shorts Size (circle one):

XS S M YL XL/LAS AM AL AXL AZX

EVALUATIONS: (COACHES USE ONLY)

Lane Shooting _____

Defensive Slide _____

Right-Side Shot _____

Right Hand Dribble _____

Left-Side Shot _____

Left Hand Dribble _____

Height - in inches _____

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT. NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY. Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorizes the participation of my child in the Upward Unlimited (herein being referred to as "Program") of the above-named Church. My child will participate in the ULU sport denoted on this brochure. I understand that this Program is a nonprofit Christian sports program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the Program is conducted by the Church and its volunteers and staff, including parents of other participating children. I also understand that the participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks, in consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the Church and ULU, and all of the Church's and ULU's directors, officers, elders, trustees, deacons, employees, volunteers, leaders, agents and representatives, and all other persons associated with the Program (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizers) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and excepting claims that may not be released under applicable law. This release of liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns I hereby authorize the Church and ULU to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, or audio recording or reproduction with external and internal communications of the Church and ULU for the sole purpose of advancing ULU programs. I acknowledge and consent that registration will allow ULU to obtain access to personal information in a manner consistent with ULU's Conditions of Use and Privacy as a member from time to time. I further understand that the current version of ULU's Conditions of Use and Privacy may be found at www.upward.org. I further acknowledge and consent that use of such personal information may involve communication by ULU directly to the participant's home and email address.

PARTICIPATION AND SAFETY

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities. I understand that the Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the Church determines that my child does not have a physical, mental or other condition that may affect his/her ability to safely and appropriately participate in Program activities (or that may affect the ability of other children to participate safely), the Church may determine that my child cannot be permitted to participate. I understand and agree that while the Church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I hereby authorize the Church, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. My signature also indicates that all legal guardians are aware and consent with the participation of the above-named child.

OFFICE USE ONLY

DATE _____

PAYMENT TYPE _____

AMOUNT _____

NOTE _____

PRINTED NAME: _____

DATE: _____

Signature: _____

Printed Name: _____

Date: _____

For a larger print version of these terms and conditions please visit www.upward.org/parentform