

Team _____



Basketball Registration Form
DUE October 16, 2018 – with fees

If you are not a Travelers Rest United Methodist church member and you are playing with us as an “active participant”, you must fill out the additional “Active Participant” form that will be provided to you.

Please read the guidelines for what is required of an active participant to determine if you are eligible to play on a Travelers Rest team.

We ask that each player fill out a registration form as completely as possible. These forms will travel with the team coaches to area games and will be necessary in case of an emergency. Also, please include the registration fee with the form.*

K5 & 1st - \$20.00	2nd & 3rd - \$35.00	4th & 5th - \$50.00	6th – 8th(boys) - \$55	9th & 10th(boys)– \$60.00	Adults - \$65.00
			6th – 9th(girls) - \$55	11th & 12th(boys) - \$60.00	
				10th - 12th(girls) - \$60.00	

Name of Player _____ Birth date _____

Address (please include city and zip) _____

Home Phone _____ Emergency Phone _____

School _____ Grade _____

We are making plans to have player devotional material, scheduling information and changes, available via our church website. If you and your family would like to take advantage of this service, please fill in your e-mail address below.

E-mail address _____

T-shirt information – They are \$10.00 each if you require one

_____ I will be using my shirt from last year. Its number is _____

_____ I will need a new shirt this year. Please order me a size YS YM YL AS AM AL AXL AXXL

Areas In Which Our Family Can Help (please check areas that suit your talents or that you would like to try)

- _____ Help the Gym Coordinator with the _____ Friday and/or _____ Saturday games when called upon _____ Help with the concessions
- _____ Help to run the clock/game books _____ Be a team photographer _____ Be a team mom or dad _____ Collect door admission fees
- _____ Assist with the year-end banquets _____ Help with devotional material/bulletin boards

*It is my goal to have as many people actively participating in this program as possible.
If there is an area that you would like to serve, that I have not mentioned, please write it down below.*

Permission Information (please check each box that applies)

_____ I give TRUMC permission to use photographs taken of my child or me to be used in a photo-page on the church’s website or in a slide presentation.

_____ I give permission for myself/my child to be transported in vehicles of the church, medical personnel and/or of involved leaders. I also agree to allow the coach or responsible adult to seek emergency medical attention for myself/my child, if I am unable to give verbal consent or cannot be reached to give verbal consent.

_____ I agree not to hold Travelers Rest UMC, it’s coaches/leaders or the GDUMRA league responsible in cases of accidental injury to my child or myself.

Insurance Policy – Name & Number (as complete information as possible so that hospitalization is possible if needed)

_____ # _____

Parent’s Signature _____