

M.H. Newton Family Life Enrichment Center
415 Manning Avenue
Sumter, SC 29150

BASKETBALL REGISTRATION FORM

Cost: \$15.00 per Player

PARTICIPANT'S NAME: _____ Sex _____
(please print)

ADDRESS: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ AGE _____

PHONE: _____ CELL PHONE: _____ NAME OF MEDICAL INS.CO _____

DO YOU WANT TO PURCHASE PLAYGROUND INSURANCE? (\$8.50) Yes _____ No _____

ANY SPECIAL NEEDS TO BE AWARE OF? YES _____ NO _____

DID PARTICIPANT PLAY IN THE #1 JESUS LEAGUE LAST SEASON? _____

IF YES, TEAM: _____ REQUEST DRAFT? _____

**If participant is in the league this season, participant will go back on the same team unless draft is requested.

**New participants and those moving up to the next age group will go into the draft.

**All drafts are random, specific teams cannot be requested.

DOES PARTICIPANT HAVE A BROTHER\SISTER IN THE LEAGUE THIS SEASON? _____

IF YES, NAME: _____ TEAM: _____

SIZE FOR UNIFORM JERSEYS: (circle one) YS YM YL YXL AS AM AL AXL

**Jerseys are ordered in advance, each team receive pre-determined numbers and sizes.

Waiver for Participation: I understand that there are always risks involved in participating in recreational activities. I acknowledge these risks and declare the participant physically able to participate in this activity. In the event of a medical emergency, I authorize the #1 Jesus League or its representatives to emergency medical treatment for my child (if a parent is not available). In consideration of your accepting this registration, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all right and claims for damages I may have against the #1 Jesus League or its representatives, successors, agents, sponsors, supervisors, and instructors for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I likewise release from responsibility, any person transporting myself or my child to and from these activities.

REFUND POLICY: Refunds will be issued up to one week prior to the start of the season, if no uniform has been ordered. **Once a jersey has been ordered, there are no refunds.** Requests for refunds must be made in writing on a Refund request Form, available at the M.H. Newton Family Life Enrichment Center. There are NO REFUNDS ON LATE FEES OR INSURANCE. There is a \$5.00 handling fee on all refunds.

PARENT'S NAME: _____
(Please Print)

SIGNATURE: _____ Date: _____

(PARENT\LEGAL GUARDIAN IF PARTICIPANT IS UNDER 18)

REQUESTS FOR SPECIAL TEAM ASSIGNMENTS WILL NOT BE CONSIDERED

FOR STAFF USE ONLY

Team Assigned: _____ Birth Certificate on File? _____

Date Registered: _____