

Trinity Presbyterian Church Basketball Registration Form
2017-2018

Name of Participant _____ Gender _____ Jersey Size _____

Date of Birth _____ Grade _____ School _____

Returning Player (R) _____ New Player (N) _____ Will player need a new jersey? Yes No

Trinity Presbyterian Church Member? Yes No If No, Where? _____

Parents' Name(s) _____

Address _____ City _____ Zip Code _____

Cell Phone _____ Work Phone _____ Home Phone _____

E-mail Address(s) _____

Parent willing to coach? Yes No Parent willing to be an assistant coach or team parent? Yes No

Emergency Contact(s) _____ Phone _____

_____ Phone _____

Insurance Company _____ Policy # _____

Medical Doctor _____ Phone _____

Allergies/Medications _____

Comments/Questions _____

Fees: \$20 for first child, \$15 for each additional child
\$20 additional per player if you need a new jersey

Fee is due by the first practice of the season in late October or early November and does not have to be submitted with this form.
Mail/Deliver Registration Form by Friday, Oct. 6 to: Trinity Presbyterian Church, 405 Trailblazer Drive., Travelers Rest, SC 29690
Registration forms are also available online at www.trinitytr.org/ and completed forms can be emailed to trinity@trinitytr.org.

NORTH GREENVILLE CHRISTIAN FELLOWSHIP BASKETBALL LEAGUE
Insurance/Release Form

I/We hereby state that our daughter/son _____ is covered by

_____ insurance policy. I/We also hereby release North Greenville Christian Fellowship Basketball League, all coaches, and participating churches, for any responsibility in the case of an accident that might occur to my /our daughter/son while participating in any League activities.

Signature: _____ Date: _____

I/We understand that in the event of an accident that would require emergency treatment; that every effort will be made to reach me/us. If I/we cannot be reached, I/we give permission to the responsible coaches and or Trinity personnel to secure medical attention for my/our daughter/son.

Signature: _____ Date: _____