

**Trinity Presbyterian Church Basketball Registration Form**  
**2018-2019**

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

**Registration dates and times to turn-in form and registration fee are: Monday, Sept. 17, 5-8PM; Saturday, Sept. 22, 9AM-noon; Monday, Sept. 24, 5-8PM and Saturday, Sept. 29, 9AM-noon in our Trinity Presbyterian gym. You can also Deliver Registration Form to our church office on Mon-Fri from 9AM to 1 PM, or Mail to: Trinity Presbyterian Church, 405 Trailblazer Drive., Travelers Rest, SC 29690**

Registration forms are also available online at [www.trinitytr.org/](http://www.trinitytr.org/) and completed forms can be emailed to [trinity@trinitytr.org](mailto:trinity@trinitytr.org).

**BLUE RIDGE CHRISTIAN SPORTS LEAGUE**  
**Insurance/Release Form**

I/We hereby state that our daughter/son \_\_\_\_\_ is covered by \_\_\_\_\_ insurance policy. I/We also hereby release Blue Ridge Christian Sports 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: \_\_\_\_\_