

BASKETBALL REGISTRATION

COMPLETE ONE FORM PER CHILD

PARTICIPANT'S NAME _____ GRADE _____
ADDRESS _____ DATE OF BIRTH _____
CITY _____ STATE _____ ZIP _____
PARENT/GUARDIAN'S NAME _____
CELL PHONE _____ WORK PHONE _____
EMAIL ADDRESS _____

IN CASE OF EMERGENCY

CONTACT #1

CONTACT #2

NAME _____

NAME _____

CELL PHONE _____

CELL PHONE _____

FEES

KINDERGARTEN - 2ND GRADE: \$55

3RD - 8TH GRADE: \$110

☐ SPORTS PHYSICAL ON FILE

PAYMENT TYPE

☐ DIRECT DRAFT FROM ACCOUNT ON FILE

☐ CASH

☐ CHECK

☐ BILL TO PRAXI

WAIVER OF LIABILITY

I am aware of the nature of this activity and I hereby assume responsibility for

_____ to participate and to be photographed for
(PARTICIPANT'S NAME)
publicity purposes. I will not hold BELVOIR CHRISTIAN ACADEMY and/or its employees

responsible in the case of accident or injury as a result of this participation. I understand

that this completed form must be in the possession of BELVOIR CHRISTIAN ACADEMY prior to
participation in this program.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____