

# 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 \_\_\_\_\_