

2022-2023 Children's Basketball Season (For Children, 5 years old – 1st Grade)

Child's Name _____ Male _____ Female _____

Grade _____ Age _____ Date of Birth _____ Child's School _____

Does your child have any special medical conditions? If yes, please specify: _____

Is your child allergic to any medications? If yes, please list: _____

List any medications that your child takes regularly _____

Circle **only one** of the following for shirt size:

Youth X Small (2-4) Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16) Youth XL (18-20)

Adult Small Adult Medium Adult Large Adult XL

Parent/Guardian _____

Home Address _____

E-mail Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

In an emergency please contact: _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

I, as a parent/guardian, grant permission for my child to participate in the above program and release Vinton Baptist Church or any other church facilities and the coach(es) from any liability for damages, or injuries which might be incurred during the operation of this program. I assure that a physician prior to participation has examined my child. In the event I cannot be reached, I give permission for my child to receive emergency medical care. I verify that the above is true and complete to the best of my knowledge. There is a registration fee of \$40 per child. **Deadline for fee and registration is November 30, 2022.**

Parent/Guardian _____

____ I would be interested in coaching my child's team.

____ I would be interested in being an assistant coach for my child's team.

____ I coached a team last year.

2022-2023 Children's Basketball Season (For Children, 2nd grade – 3rd grade)

Child's Name _____ Male _____ Female _____

Grade _____ Age _____ Date of Birth _____ Child's School _____

Does your child have any special medical conditions? If yes, please specify: _____

Is your child allergic to any medications? If yes, please list: _____

List any medications that your child takes regularly _____

Circle **only one** of the following for shirt size:

Youth X Small (2-4) Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16) Youth XL (18-20)

Adult Small

Adult Medium

Adult Large

Adult XL

Parent/Guardian _____

Home Address _____

E-mail Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

In an emergency please contact: _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

I, as a parent/guardian, grant permission for my child to participate in the above program and release Vinton Baptist Church or any other church facilities and the coach(es) from any liability for damages, or injuries which might be incurred during the operation of this program. I assure that a physician prior to participation has examined my child. In the event I cannot be reached, I give permission for my child to receive emergency medical care. I verify that the above is true and complete to the best of my knowledge. There is a registration fee of \$40 per child. **Deadline for fee and registration is November 30, 2022.**

Parent/Guardian _____

____ I would be interested in coaching my child's team.

____ I would be interested in being an assistant coach for my child's team.

____ I coached a team last year.

2022-2023 Children's Basketball Season (For Children, 4th grade – 5th grade)

Child's Name _____ Male _____ Female _____

Grade _____ Age _____ Date of Birth _____ Child's School _____

Does your child have any special medical conditions? If yes, please specify: _____

Is your child allergic to any medications? If yes, please list: _____

List any medications that your child takes regularly _____

Circle **only one** of the following for shirt size:

Youth X Small (2-4) Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16) Youth XL (18-20)

Adult Small Adult Medium Adult Large Adult XL

Parent/Guardian _____

Home Address _____

E-mail Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

In an emergency please contact: _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

I, as a parent/guardian, grant permission for my child to participate in the above program and release Vinton Baptist Church or any other church facilities and the coach(es) from any liability for damages, or injuries which might be incurred during the operation of this program. I assure that a physician prior to participation has examined my child. In the event I cannot be reached, I give permission for my child to receive emergency medical care. I verify that the above is true and complete to the best of my knowledge. There is a registration fee of \$40 per child. **Deadline for fee and registration is November 30, 2022.**

Parent/Guardian _____

____ I would be interested in coaching my child's team.

____ I would be interested in being an assistant coach for my child's team.

____ I coached a team last year.