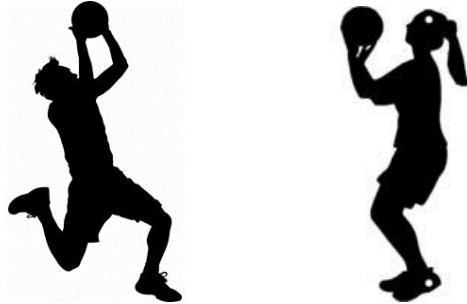


2015-2016 Season

Youth Basketball Registration

Chamblee First United Methodist Church

Registration begins Sept 21, 2015



- We are located at 4147 Chamblee Dunwoody Road in Chamblee, 30341.
- We are members of the North Atlanta Church Basketball League.
- Our program blends fun, participation, learning and competition with a heavy emphasis on character development.
- We accept players from 7 to 14 years of age.
- Teams are limited to 10 players each and are available for both boys and girls.
- Games are on Saturdays in January and February with one practice during the week.
- Registration Fee is \$85.00 per player (limited scholarships available based on meeting program requirements). Please make checks payable to Chamblee First United Methodist Church and mark Basketball on the memo line.
- Please come by the church to register or mail these forms to the address above.

Contact Paula Daniel, Activities Coordinator with any questions.

(770) 457-2525 x229

pdaniel@chambleeumc.org

2015-2016 Chamblee First UMC Youth Basketball Registration

Childs Name: _____ Gender: _____ Age: _____ (as of 9/1/15)

Birth date: ___/___/___ Parents' Names: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Parent/Guardian Cell: _____

Home e-mail: _____

(Please print clearly – this will be one of our main contacts with you)

Emergency Contact: (other than parent): _____ Phone: _____

Known Medical Conditions: _____

Waiver and Release: I, the parent or legal guardian of the above named child, agree to place my child in this program being offered by Chamblee First UMC. I realize there is a certain degree of risk of possible injury that might occur as a result of participating in such a program. I understand that such a risk exists, and I agree to hold Chamblee First UMC, its employees, staff and volunteers, and the North Atlanta Church Basketball League, harmless from any claims resulting from an injury that may be sustained as a participant of this program.

Parent/Guardian Signature: _____ Date: _____

Uniform Size: Shirt: YS YM YL AS AM AL AXL

Volunteer Opportunities:

Name: _____ Daytime Phone: _____

E-mail address: _____

Please check the volunteer position you wish to hold:

Coach – conducts practices once a week and one game on Saturday.

Preferred practice day and time: _____

Assistant Coach – assists with practices and games as listed above.

Team Parent – be point of communication between church staff and team members.

Thank you for volunteering to assist with this program!

Office use only

Amount Paid: \$ _____ Check #: _____ Cash:

Scholarship Requested:



Chamblee First United Methodist Church
4147 Chamblee Dunwoody Road Chamblee, GA 30341
Office 770-457-2525

Youth Basketball Photography Release Form

I do hereby grant to Chamblee First United Methodist (hereinafter "the Church"), use of the image(s) of my child, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the church's website.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways:

I give unrestricted permission for my child's image to be used in print, video, internet and digital media. I agree that these images may be used by the church for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any images.

I hereby **RELEASE** and **DISCHARGE** the Church, its officers, servants, agents, volunteers, and employees (hereinafter the "Released Parties") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury that may be sustained by me, or by my minor child of whom I am the parent or legal guardian ("the Participating Child"), as a result of publishing photographs and I **WAIVE** any and all rights to relief, whether legal or equitable, against any and all of the Released Parties for any such loss, damage, or injury.

I understand and represent that I have read this photography release form in its entirety, understand it and sign it voluntarily; that no representations, statements or inducements, other than as expressly set forth herein, have been made; and that I execute this form for full, adequate, and complete consideration, fully intending to be bound by the same.

PRINT Child's Name: _____

Date: _____

PRINT Name of Parent/guardian: _____

Signature of Parent / Guardian: _____