

## HOW DO I SIGN UP?

### REGISTRATION INFORMATION

- No registration fee required. But your donation to The King's Court ministry allows us to offset the cost of building and grounds usage, team shirts, end-of-season gifts, and the end-of-season celebration.
- Deadline for registration is **Tues, Dec 12, 2017**.
- Basketball shorts are NOT included in the registration fee.
- ALL shorts are required to be a minimum of a 4 inch inseam.
- Please make every effort to purchase shorts in solid black or white.

### SIGN-UPS

- Below are the practice times.  
This year we will not have evaluation days.
- Final team assignments are determined after first two practices.
- Monday
  - 6-7pm – 1<sup>st</sup>-3<sup>rd</sup> grade boys
  - 7-8pm – 4<sup>th</sup>-6<sup>th</sup> grade boys
- Tuesday
  - 6-7pm – K4-K5, 1<sup>st</sup>-3<sup>rd</sup> grade girls
  - 7-8pm – 4<sup>th</sup>-6<sup>th</sup> grade girls

### LEAGUE SCHEDULE

Practice Begins**	Mon, Nov 6 & Tue, Nov 7, 2017
First Game	Sat, Jan 6, 2018
Awards Celebrations	Mon, Feb 26, 2018

\*\* We ask that all players be respectful and accountable to their teammates and coaches by regularly attending both practices and games.

### REGISTRATION INSTRUCTIONS

Completed registration forms and donations can be:

**Mailed:** Emmaus Baptist Church  
2430 Silk Hope Gum Springs  
Road Pittsboro, NC 27312

**Dropped off:**

At the church office between 9:00 am - 4:00 pm, Monday through Friday.

**Turned in:**

To John Hill, Associate Pastor at Emmaus Baptist Church

\* Please make check payable to: Emmaus Baptist Church

**Questions?** Email John Hill at [emmausap@embarqmail.com](mailto:emmausap@embarqmail.com) or call the church at 919-542-4974.

Visit us on the web  
[www.emmausbaptchurch.org](http://www.emmausbaptchurch.org)

Emmaus Baptist Church  
2430 Silk Hope Gum Springs Rd  
Pittsboro, NC 27312

Phone: 919-542-4974



**The King's Court**  
Basketball Program at  
Emmaus Baptist Church

*Where basketball skills  
and training are taught  
in a fun environment.*

*And a place where game  
day involves an enjoyable  
outing for the entire family.*

The school's display of this publication is not an endorsement of the sponsoring organization, the activities described, or the contents of the materials displayed. In addition, Chatham County Schools makes no representation regarding the nature or quality of the services or activities promoted.

# 2017-18 King's Court Basketball Registration Form

## PARTICIPANT CONTACT INFORMATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_ Church \_\_\_\_\_

Notes: \_\_\_\_\_

## PARENT OR GUARDIAN INFORMATION

Father/Guardian \_\_\_\_\_ best phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ best phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ phone \_\_\_\_\_

Would you be willing to coach your child's team? YES \_\_\_\_\_ NO \_\_\_\_\_

Would you be willing to referee a game? YES \_\_\_\_\_ NO \_\_\_\_\_

Would you be willing to work concessions? YES \_\_\_\_\_ NO \_\_\_\_\_

Shirt size (circle one)

YXS YS YM YL

AS AM

SHORTS: ALL shorts are required to be a minimum of a 4 inch inseam. Please purchase solid black or white shorts.

***The goal of King's Court is to glorify God and share the gospel with young people through the use of basketball.***

## PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT

NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY

Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such section.

### AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorize the participation of my child in the King's Court athletic program of the above-named church. My child will participate in the King's Court athletic program on this brochure. I understand that this program is a nonprofit Christian sports ministry program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the program is conducted by the Church and its volunteers and staff including parents of other participating children. I also understand that the church is solely responsible for all aspects of the program including selection and supervision of all persons conducting the program. I further understand and agree that my child's participation in athletic and other activities of the program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me and my family, I assume these risks. In consideration of the privilege of my child's participation in the program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the church, and all of the church's directors, officers, elders, trustees, deacons, employees, volunteers, insurers, agents and representatives, and all other persons associated with the program. As to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the program and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in the program activities, and excepting claims that may not be released under applicable law. This release of liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent / guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this release of liability is deemed invalid, the remaining provisions shall remain in full force and effect. This release of liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. By providing your email address, you agree to be included in occasional surveys from King's Court at which time you will have the opportunity to unsubscribe.

### MEDICAL CONDITION

I understand that participation in the program may involve strenuous and prolonged physical activity, I agree that my child is healthy and able to participate in the program activities. I understand that the church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the church determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in program activities, the church may determine that my child cannot be permitted to participate. I understand and agree that, while the church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

### CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in program activities, and if I, the parent or guardian of the above named child, am not present to make medical decisions, I hereby authorize the church, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the authorization and release of liability, medical conditions and consent to medical treatment. Each responsible parent/guardian should sign.

### RELEASE TO USE IMAGE

\_\_\_\_\_(Check if agree) I hereby authorize the church to use, reproduce, distribute, display and to license others to use, reproduce, distribute and display, my child's image and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the church for the sole purpose of advancing King's Court.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name \_\_\_\_\_ Date: \_\_\_\_\_ Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

If only one parent/guardian signs this form, the following must also be signed:

I affirm that this form was signed by only one parent/guardian because (1) I am the sole parent/guardian responsible for the care and custody of the child due to death or incapacity of the other parent/guardian or court order, or (2) I have made a good faith effort to obtain the signature from the other parent/guardian but have not been able to do so due to causes beyond my control, and I am not aware of any reason that the other parent/guardian objects to the child's participation in the program.

Signature: \_\_\_\_\_

Printed Name \_\_\_\_\_ Date: \_\_\_\_\_