

Team _____

Method of Payment _____

Basketball Registration Form

We ask that **each player** fill out a registration form as completely as possible. These forms will travel with the team coaches to area games and will be necessary in case of an emergency. Also, please include the registration fee with the form.*

(K5 & 1st - \$30.00: Coed) (2nd & 3rd - \$40.00: Coed/Boy/Girl)

(4th & 5th Boys/4th – 6th Girls: \$50.00) (6th – 8th Boys/7th – 8th Girls: \$60)

(9th & 10th / 11th & 12th – \$65.00: Boys) (Men -35/35+ - \$65.00)

Eligibility: To play on an Aldersgate team, we prefer that you are a member of, or actively participating with, a local church.

Name of Player _____

Address (please include city and zip) _____

Home Phone _____ Emergency Phone _____

Grade _____

E-mail address _____

T-shirt information

_____ I will be using my shirt from last year. Its number is _____

_____ I will need a new shirt this year. Please order me a size YS YM YL AS AM AL AXL AXXL

Areas In Which Our Family Can Help (please check areas that suit your talents or that you would like to try)

- | | | |
|---|---------------------------------|--|
| _____ Help run the Gym (Coordinator) | _____ Help with the concessions | _____ Help to run the clock/game books |
| _____ Be a team photographer | _____ Provide Snacks | _____ Collect door admission fees |
| _____ Assist with the year-end banquets | | |

Permission Information (please check each box that applies)

- _____ I give Aldersgate permission to use photographs taken of me or my child to be used in a photo-page on the church's website or in a slide presentation.
- _____ I give permission for myself/my child to be transported in vehicles of the church, medical personnel and/or of involved leaders. I also agree to allow the coach or responsible adult to seek emergency medical attention for myself/my child, if I am unable to give verbal consent or cannot be reached to give verbal consent.
- _____ I agree not to hold Aldersgate UMC, it's coaches/leaders or the GDUMRA league responsible in cases of accidental injury to my child or myself.

Parent's Signature _____