

His Team Basketball

Player Registration

Player Name: _____
Address: _____ City: _____ Zip: _____
Phone: (Home) _____ (Parent's Work) _____
School: _____ Grade: _____
Name of Parents who live with you: _____

Shirt Size: (circle one) Youth S Youth M Youth L Adult S Adult
M Adult L

Please indicate if you are willing to help in the concession area at least once during the season. Yes, I will help _____ I would prefer to help on _____ at _____.

I hereby grant permission for the above mentioned minor child to participate in Faith Christian Academy Athletics. In my capacity as parent for guardian, I hereby waive any right that I or said minor child, may have to sue Faith Christian Academy, or any and all of its employees and volunteer workers, as a result of any and add injuries, damages, or losses sustained by the above named child while participating in the program. I further agree to hold Faith Christian Academy and any and all of its employees and volunteer workers harmless, and to bear the cost of their legal defense, if any suit or legal equitable action is brought against them as a result of any and all injuries, damages or losses suffered by the above named minor while participating in the sports program.

Finally, I appoint the adult bearer of this document or photocopy thereof to act in the loco parents, as provided by Section 37-137 (6) of the Virginia Code, to give consent for emergency medical or surgical treatment of my child by a licensed physician.

SIGNATURE OF PARENT / GUARDIAN:

_____ Date: _____

Registration fee of \$35 accepted by _____