HOW DO I SIGN UP?

BRING OR MAIL REGISTRATION FORM AND FEE TO:

Westport Baptist Church
2372 Lakeshore Road S
Denver, NC 28037

Form and registration fee may be dropped off at the church office anytime between **9:00 a.m.** and **4:00 p.m.**, **Monday** through Thursday.

REGISTRATION INFORMATION:

The early registration cost per child for **basketball** is **$75**; after **October 31**, the cost is **$85.**
The early registration cost per child for **cheerleading** is **$75**; after **October 31**, the cost is **$85.**
Deadline for registration is **November 10.**
Basketball shorts are included in the registration cost.
Cheerleading mock turtlenecks are optional at a cost of **$12.**
There is a discount of **$10** per sibling.
Limited scholarships are available.
Our league is offered to **K4 through 8th grade boys/girls.**

EVALUATIONS AND ORIENTATIONS:

Everyone must attend one basketball evaluation or cheerleading orientation.

They will take place at the **Westport Baptist Church** as follows:

Pre-Kindergarten through 1st Grade Boys/Girls
Monday, November 7, between 6:00 p.m. and 8:00 p.m.

2nd through 4th Grade Boys/Girls
Tuesday, November 8, between 6:00 p.m. and 8:00 p.m.

5th through 8th Grade Boys/Girls
Thursday, November 10, between 6:00 p.m. and 8:00 p.m.

LEAGUE SCHEDULE:

Practices Begin - **Tuesday, December 6, 2011**
First Game - **Saturday, January 7, 2012**
Awards Celebration - **Saturday, March 3, 2012**

FOR MORE INFORMATION:

704-483-5851
wbcupwardsports@gmail.com

UPWARD SPORTS 11/12 UPWARD BASKETBALL AND CHEERLEADING REGISTRATION FORM

PARTICIPANT CONTACT INFO:

I AM REGISTERING MY CHILD FOR: BASKETBALL ○ CHEERLEADING ○

Last Name ______ First Name ______ MI ______ Gender ______ Grade (11-12 school year) ______

Address ______ Date of Birth ___/___/___ (Month Day Year)

City ______ State ______ Zip ______

Home Phone (   ) ______ Parent's Cell (   ) ______

Father/Guardian Email ______

Mother/Guardian Email ______

Church (if you regularly attend church, which one?) ______

Participant Information Notes (if any) ______ How many years has your child played organized basketball? ______

If applicable, circle **ONE** night your child **CANNOT** practice. **Tuesday Thursday Friday**

SIZING: (COMPLETED AT EVALUATIONS/ORIENTATIONS)

Basketball Jersey/Cheer Top Size (circle one):
YXS YS YM YL YXL/AS AM AL AXL A2X

Basketball Shorts Size (circle one):
YXS YS YM YL YXL/AS AM AL AXL A2X

Cheer Skort Size (circle one):
YXS YS YM YL YXL/AS AM AL AXL A2X

Cheer Mock Turtleneck Size (optional circle one):
YXS YS YM YL YXL/AS AM AL AXL A2X

EVALUATIONS: (COACHES USE ONLY)

Lane Shooting ______ **Defensive Slide** ______
Right-Side Shot ______ **Right Hand Dribble** ______
Left-Side Shot ______ **Left Hand Dribble** ______

Height - in inches ______

PAYMENT:

Participant Fee : $______ + Turtlenecks : $______ = Total : $______

OFFICE USE ONLY **PAID** [ ] **PAYMENT TYPE** [ ] **AMOUNT** [ ]

PLEASE BE SURE TO FILL OUT STEPS 1-5

PARENT/GUARDIAN INFORMATION:

1. Father/Guardian ______
   Work Phone (   ) ______
   I would like to assist this league by being a: ○ COACH ○ REFEREE ○ TEAM PARENT
2. Mother/Guardian ______
   Work Phone (   ) ______
   I would like to assist this league by being a: ○ COACH ○ REFEREE ○ TEAM PARENT
3. Emergency Contact ______
   Daytime Phone (   ) ______
   Evening Phone (   ) ______

For a larger print version of these terms and conditions please visit www.upward.org/largerfont

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.
NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY.

[illegible]

AUTHORIZATION AND RELEASE OF LIABILITY

[illegible]

MEDICAL CONDITIONS

[illegible]

CONSENT TO MEDICAL TREATMENT

[illegible]

4. Signature ______
   Printed Name ______ Date ______
   Signature ______
   Printed Name ______ Date ______
5. 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 ______

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